

# HCFA

## *Forms Information Catalog*

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HEALTH CARE FINANCING ADMINISTRATION  
Office of Budget and Administration  
April 1991





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## FOREWORD

The HCFA FORMS INFORMATION CATALOG profiles the forms produced by the Health Care Financing Administration (HCFA) to manage the Medicare/Medicaid programs. The purpose of this publication is to provide an up-to-date report of forms information activity. Produced by HCFA's Office of Budget and Administration, this publication is distributed annually throughout the Department of Health and Human Services with monthly supplements available upon request.

The three reports included in this catalog are: Active Forms, Forms Listed By Sponsoring Component, and Obsolete Forms. Forms are listed numerically in each report. A glossary of abbreviations and codes used to describe over 550 form entries appears as part of this introduction (See Index A).

The usefulness of the FORMS INFORMATION CATALOG as an effective resource guide depends on the timely processing of accurate information. Users of this catalog are encouraged to assist us in maintaining correct information by sending forms status changes to the address below:

Health Care Financing Administration  
Printing and Distribution Management Branch  
Room 575, East High Rise Building  
Baltimore, MD 21207

To order additional copies of the FORMS INFORMATION CATALOG or to obtain further information about this publication, contact the HCFA Forms Management Staff at (301) 966-7863 or FTS 646-7863.



## CONTENTS

### FOREWORD

INDEX A - GLOSSARY OF TERMS AND ABBREVIATIONS.....	A - 1
CHAPTER 1 - ACTIVE FORMS.....	1 - 36
CHAPTER 2 - FORMS LISTED BY SPONSORING COMPONENT.....	37 - 81
CHAPTER 3 - OBSOLETE FORMS.....	82 - 90





**1. FORM NUMBER** - A number assigned for management control consisting of the following elements:

- Prefix-** Alpha characters showing the responsible agency's identification;
- HA** - Hearings and Appeals  
**HCFA**- Health Care Financing Administration  
**HCFA-L**- Health Care Financing Administration Letter  
**SF** - Standard Form
- Number-** The unique set of up to four digits assigned to each form; e.g., 2552
- Suffix-** A grouping of up to six alpha/numeric symbols denoting; year, series and other special use descriptions. Most frequently occurring special use codes are;
- FC** - Foreign Claims  
**INST**- Instructions  
**PR** - Puerto Rico  
**S** - Simplified Version  
**SC** - Sensor Code  
**SP** - Spanish Version  
**T** - Test  
**U** - Union
- Construction-** A two character description denoting construction written in parenthesis;
- (C)** - Computer Pinfeed Version (followed by a number denotes page count)  
**(CD)**- Card  
**(BK)**- Book  
**(F)** - Folded  
**(FO)**- Folder  
**(LB)**- Labels  
**(PC)**- Post Card  
**(SE)**- Set  
**(SH)**- Single Sheet  
**(SM)**- Self Mailer  
**(TC)**- Tab Card  
**(TR)**- Transparency  
**(U)** - Unit set (followed by a number denotes page count)

**2. FORM TITLE** - The form's full title (space permitting) or an abbreviated version; e.g., "HOSPITAL COST DATA"

**3. EDITION DATE** - Month and year of usable edition; e.g., 12/84

**4. SPON OFF (SPONSORING OFFICE)** - Current component responsible for text of form;

- BMHA**- Bureau of Medicare Hearings and Appeals  
**BDMS**- Bureau of Data Management and Strategy  
**BPD** - Bureau of Program Development  
**BPO** - Bureau of Program Operations  
**HSQB**- Health Standards and Quality Bureau  
**MB** - Medicaid Bureau  
**OA** - Office of the Administrator  
**OEO** - Office of Executive Operations  
**OACT**- Office of the Actuary



**OBA** - Office of Budget and Administration  
**OPHC**- Office of Prepaid Health Care  
**OPA** - Office of Public Affairs  
**ORD** - Office of Research and Demonstrations  
**PRRB**- Provider Reimbursement Review Board

**5. USER - Form audience;**

**AB**- Intermediary/Carrier  
**HQ**- Headquarters  
**OR**- Originator of Form  
**PA**- Part A Intermediary  
**PB**- Part B Carrier  
**PC**- Program Service Center  
**RO**- Regional Office  
**RR**- Railroad Retirement Board  
**SA**- State Agency  
**SS**- Social Security

**6. SUPPLY SOURCE - Storage location;**

**AUT**- Automated form - Electronically transmitted information  
**DOT**- Department of Treasury  
**FLD**- Field Offices  
**GSA**- General Services Administration  
**HHS**- Health and Human Services  
**HSS**- HCFA Supply System  
**LOC**- Locally Reproduced  
**RGO**- Regional Office  
**SPO**- Sponsoring Office  
**SSI**- Social Security Internal  
**SSS**- Social Security Supply System  
**SSF**- Social Security Field Office

**7. PRI ACT (PRIVACY ACT) - Forms that collect personal information;**

Y-Yes  
 N-No

**8. PUB USE (PUBLIC USE) - Forms requiring a response from 10 or more members of the public and/or forms used to inform the public;**

Y- Yes  
 N- No  
 O- EOMB Approved

**9. EOMB NUMBER (EXECUTIVE OFFICE OF MANAGEMENT AND BUDGET NUMBER)**

Denotes Executive Office of Management and Budget to collect information; e.g., 0938-9999

**10. EXP DATE (EXPIRATION DATE) - Month and year in which EOMB approval ceases; e.g., 8/82**

**11. YEAR OBSOLETE - Month and year in which form is deactivated; e.g., 7/82**



# HCFA

## *Forms Information Catalog*

1

**ACTIVE FORMS**









HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 1

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1 (SH)	REQUEST FOR FORMS ACTION	02/90	OBA	HQ		N	N		
HCFA-2 (SH)	INFORMATION FOR CLEARANCE OF PUBLIC USE FORMS	08/77	OBA	HQ	SPO	N	N		
HCFA-6 (U6)	NOTICE OF GRANT AWARD	09/84	OBA	OR	SPO	N	N		
HCFA-7 (CD)	APPLICATION ACKNOWLEDGEMENT RECORD	09/79	OBA	OR	SPO	N	N		
HCFA-8 (CD)	HCFA ANNUAL PASS	12/89	OBA	HQ	SPO	N	N		
HCFA-9 (U4)	HCFA PROPERTY PASS	12/89	OBA	HQ	SPO	N	N		
HCFA-14 (U4)	THIRD PARTY DRAFT & TICKET DELIVERY RECORD	06/90	OBA	HQ	SPO	N	N		
HCFA-15 (SH)	HCFA ADP TRAINING CENTER REGISTRATION FORM	12/90	BDMS	HQ	SPO	Y	N		
HCFA-18 (F5)	APPLICATION FOR HOSPITAL INSURANCE	10/84	BPO	SS	HSS	Y	O	0938-0251	05/91
HCFA-18-SP (F5)	APPLICATION FOR HOSPITAL INSURANCE	06/84	BPO	SS	SSS	Y	O	0938-0251	05/91
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	12/90	BPO	SA		N	O		
HCFA-29 (U4)	REQUEST TO ESTABLISH ELIGIBILITY	05/78	HSQB	SA	HSS	N	O	0938-0074	08/92
HCFA-35 (C3)	LABORATORY FEE REMITTANCE	11/89	HSQB	SA	HSS	N	N		
HCFA-36 (U3)	CONSENT FOR HOME VISIT	12/90	HSQB	SA	HSS	N	O	0938-0355	01/92
HCFA-40 (C1)	MEDICARE CARD ENROLLMENT FORM	04/81	BDMS	HQ	HSS	N	Y		
HCFA-40--1966 (CD)	APPLICATION FOR ENROLLMENT	10/90	BDMS	SS	HSS	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	01/90	BPO	SS		N	Y		
HCFA-L40-D (SH)	APPLICATION FOR MEDICAL INSURANCE UNDER MEDIC	01/90	BDMS	HQ	SPO	N	N		
HCFA-40-D (SH)	APPLICATION FOR MEDICAL INSURANCE UNDER MEDIC	01/91	BDMS	HQ	LOC	N	N		
HCFA-40-D (TC)	APPLICATION FOR ENROLLMENT IN SMI	09/83	BDMS	OR	SS	N	Y		
HCFA-L40-D-SP (SH)	SPANISH LANGUAGE LETTER-UN AVISO IMPORTANTE	01/90	BDMS	HQ	SPO	N	N		
HCFA-40-F (TC)	APPLICATION FOR ENROLLMENT IN SMI	11/81	BDMS	HQ	SPO	N	Y		
HCFA-41 (SH)	QUARTERLY SHOWING	12/81	BQC	HQ	SPO	N	O	0938-0061	10/92
HCFA-43 (BK)	APPLICATION FOR ENROLLMENT IN HI/SMI (ESRD)	08/81	BPO	SS	HSS	N	O	0938-0080	03/91
HCFA-55 (LB)	HHS/HCFA MAILING LABEL	05/89	OBA	HQ	SPO	N	N		
HCFA-56 (LB)	HCFA MAILING LABEL	01/82	OBA	HQ	SPO	N	N		
HCFA-57 (LB)	ADVISORY COUNCIL ON SOCIAL SECURITY	09/89	OA	HQ	SPO	N	N		
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	12/90	BPO	SA		N	O	0938-0067	10/91
HCFA-70 (CD)	PERSONNEL FOLDER CHARGE-OUT CARD	06/89	OBA	HQ	SPO	N	N		
HCFA-76 (PC)	CHANGE OF ADDRESS POSTCARD	11/84	OBA	OR	SPO	N	N		
HCFA-76-A (PC)	CHANGE OF ADDRESS CARD	06/80	OBA	OR	SPO	N	N		
HCFA-79 (U2)	HCFA TRAINING EVALUATION FORM	06/89	OBA	HQ	SPO	N	N		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 3

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-83 (SH)	TELEPHONE REPORT	12/78	BPD	OR	SPO	N	N		
HCFA-88 (BK)	SNF COST DATA EXTRACTION FORM	06/84	BPD	OR	SPO	N	N		
HCFA-89 (SH)	SNF COST DATA	01/81	BPD	OR	SPO	N	N		
HCFA-113 (CD)	QUARTERLY PIP REPORT CONTROL CARD	04/79	OBA	OR	SPO	N	N		
HCFA-127 (U2)	REQUEST FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	12/90
HCFA-127-A (U2)	TRANSMITTAL OF REQUESTS FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	12/90
HCFA-127-C (C2)	REQUEST FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	12/90
HCFA-128 (SH)	RECORD OF EXIT INTERVIEW	05/81	OBA	OR	SPO	N	N		
HCFA-129 (SH)	EMPLOYEE CLEARANCE & ACCOUNTABILITY FORM	01/91	OBA	OR		N	N		
HCFA-132 (BK)	SURVEYOR INVENTORY MARCH 1983	01/83	HSQB	SA	SPO	Y	Y		
SF 135 (SH)	RECORDS TRANSMITTAL & RECEIPT	06/76	OBA	AB	HHS	N	N		
SF 135-A (SH)	RECORDS TRANSMITTAL RECEIPT	07/85	OBA	PA PB	SS	N	N		
HCFA-139 (SH)	TELEPHONE SERVICE REQUEST	08/79	OBA	OR	SPO	N	N		
HCFA-144 (U7)	FACILITIES MODIFICATION REQUEST	08/79	OBA	OR	SPO	N	N		
HCFA-145 (SH)	APPLICATION FOR GOVERNMENT ID CARD	10/88	OBA	OR		Y	N		
SF 148 (U8)	ORDER FOR SUPPLIES/SERVICES SCHEDULE CONTINUA	09/81	OBA	HQ	SPO	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 4

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-150 (U3)	SUSPENSE NOTICE	08/79	OBA	OR	SP0	N	N		
HCFA-L151 (C1)	GRANT AWARDS LETTER	07/88	BQC	HQ	SP0	N	N		
HCFA-L151 (SH)	GRANT AWARDS LETTER	07/90	OBA	HQ	SP0	N	N		
HCFA-L154 (SH)	REQUEST FOR MEDICARE PREMIUM PAYMENT	07/84	OBA	OR		N	Y		
HCFA-158 (U4)	CONFERENCE ROOM RESERVATION REQUEST	10/79	OBA	OR	SP0	N	N		
HCFA-160 (U4)	APPLICATION FOR SPECIAL WOODLAWN PARKING	11/79	OBA	OR	SP0	N	N		
HCFA-162 (SH)	BUREAU DIRECTORS CITATION	04/80	OBA	HQ	SP0	N	N		
HCFA-165 (U4)	REQUEST FOR SECURITY ARRANGEMENTS	09/90	OBA	HQ	SP0	N	N		
HCFA-166 (SH)	CONTRACTOR/VENDOR ROLODEX FILE	09/90	OBA	HQ	SP0	N	N		
HCFA-168 (SH)	PROGRAM INSTRUCTIONS CLEARANCE TRANSMITTAL	11/83	OEO	HQ	SP0	N	N		
HCFA-171 (SH)	RECOMMENDATION FOR CASH AWARD	06/82	OBA	HQ	SP0	N	N		
HCFA-177 (CD)	LITIGATION INDEX CARD	04/80	BPO	OR	SP0	N	N		
HCFA-179 (U7)	TRANSMITTAL & NOTICE OF APPROVAL	03/80	BPO	SA	SP0	N	O	0938-0193	04/90
HCFA-182 (SH)	APPLICATION FOR PARKING	04/80	OBA	HQ	SP0	Y	N		
HCFA-182-A (SH)	PRIVACY ACT STATEMENT FOR PARKING APPLICATION	04/80	OBA	HQ	SP0	Y	N		
HCFA-185 (SH)	EPSDT QC DATA RETRIEVAL WORKSHEET	04/80	BQC	OR	SP0	N	N		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-186 (SH)	EPSDT ADMINISTRATIVE INFORMATION REVIEW SCHED	04/80	BQC	OR	SP0	N	N		
HCFA-187 (SH)	EPSDT SERVICES REVIEW SCHEDULE	08/80	BQC	OR	SP0	N	N		
HCFA-189 (SH)	PROPERTY IDENTIFICATION	05/80	BPO	OR	SP0	N	N		
HCFA-190 (SH)	CARTON IDENTIFICATION	05/80	BPO	OR	SP0	N	N		
HCFA-197 (SH)	LICENSURE RECOMMENDATION CLIA	10/82	HSQB	RO	SP0	N	N		
HCFA-198 (U4)	REQUEST FOR CLIA LABORATORY INSPECTION	10/82	HSQB	SA	SP0	N	N		
HCFA-200 (U2)	APPLICATION FOR INITIAL OR RENEWAL OF EXEMPTI	10/82	HSQB	SA	SP0	N	O	0938-0151	12/90
HCFA-201 (SH)	APPLICATION FOR RENEWAL OF LICENSE	10/82	HSQB	RO	SP0	N	O	0938-0151	12/90
HCFA-202 (U2)	APPLICATION UNDER CLINICAL LAB, ACT 67	10/82	HSQB	RO	SP0	N	O	0938-0151	12/90
HCFA-203 (SH)	SERVICES OFFERED IN INTERSTATE COMMERCE	04/86	HSQB	SA		N	O	0938-0151	12/90
HCFA-206 (SH)	APPLICATION FOR LICENSURE UNDER CLIA, ACT 67	10/82	HSQB	OR	HSS	N	O	0938-0151	12/90
HCFA-209 (U2)	LABORATORY PERSONNEL REPORT	11/90	HSQB	SA		N	O	0938-0151	12/90
HCFA-211 (SH)	CLINICAL LABORATORIES LICENSE	03/81	HSQB	OR	SP0	N	Y		
SF 215 (U5)	DEPOSIT TICKET	05/78	OBA	HQ	SP0	N	N		
HCFA-216 (BK)	APPORTIONMENT OF ALLOWABLE RETURN ON EQUITY (	06/86	BPD	PA	SP0	N	O	0938-0102	09/92
HCFA-217 (SH)	EXCEPTION REQUEST LOG	06/80	BPD	OR	SP0	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-L218 (SH)	180 DAY RECEIPT LETTER	08/80	BPD	OR		N	N		
HCFA-219 (SH)	EMPLOYEE REPORT OF FOOD SERVICE	08/80	OBA	OR	SPO	N	N		
HCFA-220 (SH)	MOTOR VEHICLE TRIP TICKET	09/80	OBA	OR	SPO	N	N		
HCFA-221 (BK)	HHA COST DATA	11/86	BPD	OR		N	N		
HCFA-221-A (BK)	HHA COST DATA EXTRACTION FORM	11/86	BPD	OR		N	N		
HCFA-222 (BK)	INDEPENDENT RURAL HEALTH CLINIC	03/83	BPD	PA	HSS	N	O	0938-0107	08/90
HCFA-224 (SH)	HOSPITAL CREP INTERMEDIARY EVALUATION	09/80	BQC	RO	LOC	N	N		
HCFA-225 (SH)	HOSPITAL CREP PROVIDER SUMMARY	08/80	BQC	RO	LOC	N	N		
HCFA-226 (SH)	EVALUATION QUESTIONNAIRE RESULTS	08/80	BQC	RO	LOC	N	N		
HCFA-227 (SH)	HOSPITAL COST REPORT OVERVIEW	08/80	BQC	RO	LOC	N	N		
HCFA-228 (SH)	HOSPITAL BASED HHA COST REPORT OVERVIEW	08/80	BQC	RO	LOC	N	N		
HCFA-229 (SH)	HOSPITAL CREP REPORT OF FINDINGS	08/80	BQC	RO	LOC	N	N		
HCFA-230 (TC)	REIMBURSEABLE TIMECARD	09/80	OBA	OR	SPO	N	N		
HCFA-242 (SH)	FREESTANDING FED FUNDED HLTH CENTER WORKSHEET	10/83	BPD	OR	SPO	N	O	0938-0235	07/90
HCFA-244 (U3)	GRANTS MONITORING STATEMENT	12/80	OBA	OR	SPO	N	N		
HCFA-260 (SH)	REQUEST FOR REPLACEMENT OF HIMBEX CARD	07/83	OBA	OR	SPO	N	N		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 7

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-262 (U5)	RQST TO ESTABLISH ELIG IN MEDICARE AS PT	11/88	HSQB	SA		N	O	0938-0258	05/92
HCFA-264 (U3)	RQST FOR PSC ACTION MEDICARE - CS CASE	03/81	OBA	OR	SPD	N	N		
HCFA-265 (BK)	RENAL DIALYSIS FACILITY COST REPORT	12/81	BPD	PA	SPD	N	O	0938-0236	05/91
HCFA-277 (U2)	REQUEST FOR GRAPHICS SERVICES	12/84	OBA	OR	SPD	N	N		
HCFA-282 (BK)	BLOOD BANK INSPECTION CHECKLIST & REPORT	11/84	HSQB	SA	HSS	N	O	0938-0170	12/90
HCFA-283 (U3)	PACKAGING & DISTRIBUTION TRANSMITTAL	02/87	OBA	HQ		N	N		
HCFA-287 (BK)	HOME OFFICE COST STATEMENT	10/83	BPD	PA	HSS	N	O	0938-0202	12/90
HCFA-L295 (SH)	REQUEST FOR ADDITIONAL BILLING DATA	07/81	BPO	PA		N	Y		
HCFA-297 (U4)	DEPOSIT VOUCHER RECEIPT	07/81	OBA	OR	SPD	N	N		
HCFA-300 (U3)	REQUEST AND AUTHORIZATION FOR OVERTIME	05/87	OBA	HQ RO		N	N		
HCFA-301-A (BK)	MQC FACE SHEET	05/85	BQC	RO		N	O	0938-0246	12/90
HCFA-313 (BK)	MEDICAID QC FEDERAL MONITORING SCHEDULE	10/85	BQC	OR	HSS	N	N		
HCFA-316 (SE)	WORKSHEET FOR INTEGRATED AFDC	12/82	BQC	OR	SPD	N	O	0938-0094	12/90
HCFA-319 (SH)	STATE MEDICAID QC SAMPLE	03/82	BQC	SA	SPD	N	O	0938-0147	06/93
HCFA-L325 (SH)	RECORDS TRANSMITTAL	06/86	OBA	OR	SPD	N	N		
HCFA-L325-325-A (C2)	MEDICARE INFORMATION NOTICE OF TERMINATION	07/78	BPO	SS					

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-L326-326-A (C1)	RECORD OF TERMINATION OF MEDICAL INSURANCE BE	07/78	BPO	SS	LOC	N	Y		
HCFA-L327-327A (C1)	MEDICARE INFORMATION: NOTICE OF TERMINATION O	07/78	BPO	SS		N	N		
HCFA-329 (SH)	EMPLOYEE LOCATOR AND TELEPHONE DIRECTORY	08/81	OBA	OR	SPO	N	N		
HCFA-331 (SH)	CLAIMS PROCESSING ASSESSMENT SYSTEM REVIEW SC	09/86	BQC	RO	HSS	N	N	0938-0438	02/91
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	06/89	OBA	OR		N	N		
HCFA-339 (BK)	PROVIDER COST REPORT REVIEW QUESTIONNAIRE	06/86	BPO	PA	HHS	N	O	0938-0301	08/90
HCFA-340 (U3)	MONEY CONTROL RECORD	02/81	OBA	OR	SPO	N	N		
HCFA-L342 (SH)	QUERY HISTORY REPLY	01/82	OBA	OR		N	Y		
HCFA-347 (U2)	REQUEST FOR DESK TO DESK DISTRIBUTION	10/85	OBA	HQ	SPO	N	N		
HCFA-348 (SH)	ROUTING AND TRANSMITTAL SLIP	07/82	BPO	OR	SPO	N	Y		
HCFA-352 (U2)	PT/A RECONSIDERATION INPUT RECORD	06/86	BPO	PA		N	N		
HCFA-353 (U2)	PT/A PREHEARING INPUT RECORD	06/86	BPO	PA		N	N		
HCFA-353-A (SH)	PT/A PSRO PREHEARING INPUT RECORD	12/82	BPO	HQ	SPO	N	N		
HCFA-354 (SH)	PT/A POST HEARING INPUT RECORD	06/86	BPO	OR		N	N		
HCFA-358 (SH)	APPLICANT RATING SHEET	06/82	OBA	OR	SPO	N	N		
HCFA-359 (U4)	CORF REQUEST FOR CERTIFICATION	05/83	HSQB	SA	HSS	N	O	0938-0267	11/93

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-360 (BK)	CORF SURVEY REPORT	06/87	HSQB	SA		N	O	0938-0267	11/93
HCFA-361 (CD)	BLOOD ASSURANCE INFORMATION CARD	06/82	OBA	HQ	SPO	N	N		
HCFA-362 (CD)	STOCK REPLENISHMENT CARD	07/82	OBA	OR	SPO	N	N		
HCFA-363 (U2)	ADJUSTMENTS TO COOLWHIP	11/83	OBA	OR	SPO	N	N		
HCFA-364 (CD)	SERIAL NO. REGISTER & MAINTENANCE RECORD	07/82	OBA	OR	SPO	N	N		
HCFA-L365 (SH)	AUTOMOBILE LIABILITY INSURANCE	07/85	BPO	AB		Y	O	0938-0214	04/90
HCFA-L366	YOUR INQUIRY ABOUT CLAIM RELATED HI/SMI	04/88	OBA	OR	O	N	N		
HCFA-366 (SH)	YOUR HIB/SMIB PROBLEM REFERRAL	12/90	DMOS	HQ	SPO	N	N		
HCFA-369 (CD)	MAILING LIST REVIEW RESPONSE CARD	08/82	OBA	OR	SPO	N	Y		
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	04/90	HSQB	SA		N	N		
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	09/82	HSQB	SA	HSS	N	N		
HCFA-373 (SH)	ADDENDUM TO SF 171	08/82	OBA	HQ	SPO	N	N		
HCFA-374 (U4)	STATUS OF STAFFING ACTION	12/88	OBA	HQ		N	N		
HCFA-375 (BK)	HOSPITAL BASED ESRD COST DATA	09/82	BPD	OR	SPO	N	N		
HCFA-376 (BK)	INDEPENDENT ESRD COST DATA	09/82	BPD	OR	SPO	N	N		
HCFA-377 (U4)	AMBULATORY SURGICAL CENTER REQUEST	12/82	HSQB	AB	SPO	N	O	0938-0266	08/93



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 10

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-378 (BK)	AMBULATORY SURGICAL CENTER SURVEY REPORT	05/90	HSQB	SA		N	O	0938-0266	08/93
HCFA-381 (SH)	IDENTIFICATION OF EXTENSION UNITS	09/83	HSQB	SA	SPO	N	O	0938-0273	08/91
HCFA-382 (U4)	ESRD BENEFICIARY SELECTION	08/90	BPD	PA		N	O	0938-0372	11/90
HCFA-383 (SH)	HOSPITAL INSURANCE CASE SUMMARY	12/82	BPO	HQ	HSS	N	N		
HCFA-384 (SH)	PSRO CASE SUMMARY	06/88	HSQB	PA PR	HSS	N	N		
HCFA-385 (SH)	TRAINING EVALUATION	02/83	OBA	HQ	SPO	N	N		
HCFA-L389 (SH)	ADJUSTMENT ACTION REQUEST	03/81	OBA	OR		N	Y		
HCFA-391 (U3)	BENEFICIARY CORRESPONDENCE CONTROL SHEET	04/85	OBA	OR	SPO	N	N		
HCFA-392 (CD)	PROJECT STATUS RECORD	02/83	ORD	OR	SPO	N	N		
HCFA-394 (SH)	TYPING INSTRUCTIONS	02/83	OBA	HQ	SPO	N	N		
HCFA-395 (CD)	FOIA CASE CARD	03/83	OPA	OR	SPO	N	N		
HCFA-400 (U6)	PRINTING SERVICES REQUISITION	10/80	OBA	HQ	SPO	N	N		
HCFA-402 (U2)	REQUEST FOR HCFA MOVERS SERVICES	11/88	OBA	HQ	HSS	N	N		
HCFA-404 (SH)	HCFA CONFERENCE PLAN	06/89	OBA	HQ	SPO	N	N		
HCFA-405 (SH)	RQST FOR RPLCMT OF UTILIZATION NOTICE/HI CARD	08/85	OBA	OR	SPO	N	N		
HCFA-406 (SH)	PHYSICIANS AND SUPPLIERS OVERPAYMENTS RECOVER	05/83	BPO	OR	SPO	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-407 (SH)	HCFA CONFERENCE END-OF-YEAR REPORT	06/89	OBA	HQ	SPO	N	N		
HCFA-410 (SH)	CONGRESSIONAL CONTACT REPORT	07/83	OLP	HQ	SPO	N	N		
HCFA-411 (SH)	MEDICARE PROVIDER OVERPAYMENT CAUSE REPORT	09/83	BPO	AB	SPO	N	N		
HCFA-417 (U5)	HOSPICE REQUEST FOR CERTIFICATION IN MEDICARE	04/84	HSQB	SA	SPO	N	O	0938-0313	08/91
HCFA-418 (BK)	BOCMIS INPUT RECORD	02/85	BPO	OR	SPO	N	N		
HCFA-419 (SH)	PERFORMANCE APPRAISAL WORKPLAN SUMMARY	08/87	OBA	HQ		Y	Y		
HCFA-419-A (SH)	PERFORMANCE APPRAISAL WORKPLAN	08/83	OBA	HQ	SPO	N	N		
HCFA-419-B (SH)	PERFORMANCE APPRAISAL WORKSHEET	08/83	OBA	HQ	SPO	N	N		
HCFA-419-C (SH)	PROGRESS REVIEW CHART	08/83	OBA	HQ	SPO	N	N		
HCFA-420 (SH)	QUARTERLY EPSDT REPORT	10/83	BPO	SA	SPO	N	O	0938-0291	09/90
HCFA-421 (SH)	FORMS ACTION LOG	06/83	OBA	OR	SPO	N	N		
HCFA-422 (SH)	EVALUATION OF TRAINING PROGRAM	09/83	HSQB	RO	SPO	N	N		
HCFA-423 (SH)	SURVEYOR PARTICIPANT REACTION SHEET	09/83	HSQB	RO	SPO	N	N		
HCFA-424 (SH)	REQUEST FOR ADJUSTMENT OF SECONDARY PAYOR	11/83	OBA	OR	SPO	N	N		
HCFA-428 (SH)	REQ FOR SPECIAL BATCH NOTICES	02/84	OBA	OR	SPO	N	N		
HCFA-430 (SH)	SNF ROUTINE COST LIMITS REQUEST FOR ADJUSTMEN	03/84	BPD	PA	SPO	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 12

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-432 (U10)	ORDER FOR SUPPLIES OR SERVICES	01/90	OBA	HQ	HSS	N	N		
HCFA-432 (SH)	REQUEST FOR SUPPLIES OR SERVICES	01/91	OBA	HQ	HSS	N	N		
HCFA-433 (U8)	ORDER FOR SUPPLIES OR SERVICES CONTINUATION	03/84	OBA	OR	HSS	N	N		
HCFA-434 (SH)	CERTIFICATION WORKLOAD REPORT FORM	03/84	HSQB	RO	SPO	N	N		
HCFA-435 (SH)	CERTIFICATION BUDGET EXPENDITURE REPORT FORM	03/84	HSQB	RO	SPO	N	N		
HCFA-436 (SH)	NON-MERIT PAY APPLICANT RATING SHEET	03/84	OBA	HQ	SPO	N	N		
HCFA-437 (BK)	PSYCHIATRIC UNIT CRITERIA WORKSHEET	04/90	HSQB	SA		N	O	0938-0358	06/90
HCFA-437-A (BK)	REHAB HOSPITAL & UNIT CRITERIA WORKSHEET	08/90	HSQB	SA		N	O	0938-0358	06/90
HCFA-437-B (SH)	DRUG ALCOHOL HOSPITALS & DRUG ALCOHOL UNIT	04/90	HSQB	SA		N	O	0938-0358	06/90
HCFA-438 (SH)	DAILY TIME & ATTENDANCE ROSTER	04/84	OBA	HQ	SPO	Y	N		
HCFA-439 (U4)	REQUEST FOR GOVERNMENT BILL OF LADING	04/84	OBA	OR	SPO	N	N		
HCFA-440 (SH)	ENTREX HIPO MBR BCM DATA ENTRY REQUEST	03/84	OBA	OR	SPO	N	N		
HHS 441 (SH)	ASSURANCE OF COMPLIANCE	12/82	OBA	SA	HHS	N	N		
HHS 441-A (SH)	EXPLANATION OF HHS-441 (INSTRUCTIONS)	03/81	OBA	SA	HHS	N	N		
HCFA-442 (SH)	GENERAL OBLIGATION LEDGER	10/89	OBA	OR		N	N		
HCFA-449 (BK)	HOSPICE SURVEY REPORT	11/84	HSQB	SA	HSS	N	O	0938-0379	11/92



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 13

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-450 (SH)	CORRESPONDENCE ASSIGNMENT SHEET	05/84	OBA	OR	SPO	N	N		
HCFA-453 (SH)	HHA COST LIMITS REQUEST FOR SHORT PERIOD	06/84	BPD	PA	SPO	N	N		
HCFA-456 (SH)	INTERMEDIARY BENEFIT PAYMENT REPORT	05/85	BPO	PA	HSS	N	O		
HCFA-L457-FC (SH)	MEDICARE INFORMATION	06/86	BPO	SS	SSS	N	N		
HCFA-L458 (SH)	ACKNOWLEDGEMENT OF REQ FOR HI TERMINATION	03/82	BPO	SS		N	Y		
HCFA-462 (U2)	ADVERSE ACTION EXTRACT	12/88	HSQB	SAROR	HSS	N	N		
HCFA-464 (BK)	MEDICAID STATE AGENCY THIRD PARTY LIABILITY I	12/86	BQC	OR	SPO	N	O	0938-0414	10/90
HCFA-472 (SH)	STATEMENT OF CUMULATIVE EXPEN FOR DEMO PROJEC	07/85	ORD	OR	SPO	N	O	0938-0402	06/91
HCFA-473 (CD)	METER READING CARD	12/84	OBA	HQ	SPO	N	N		
HCFA-475 (SH)	SURVEY OF PRIVATE HEALTH INSURANCE	12/84	OACT	OR	SPO	N	O	0938-0389	11/91
HCFA-L476 (SH)	FOLLOWUP LTR TO SURVEY OF PRIVATE HEALTH PLAN	12/84	OACT	OR		N	Y		
HCFA-478 (SH)	REQ FOR CHANGE TO SCHEDULE OF ALLOCATED POSIT	06/84	OBA	OR	SPO	N	N		
HCFA-479 (U3)	REQUEST FOR CARD KEY	01/91	OBA	HQ	SPO	N	N		
HCFA-484 (SH)	ATTENDING PHYSICIAN'S CERTIFICATION/HOME OXYG	05/90	BPO	PB		Y	O	0938-0534	09/91
HCFA-485 (C4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/87	HSQB	PA		N	O	0938-0357	11/92
HCFA-485 (U4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/87	HSQB	PA		N	O	0938-0357	11/92

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-486 (C3)	MEDICAL UPDATE & PATIENT INFORMATION	04/87	HSQB	PA		N	0	0938-0357	11/92
HCFA-486 (U3)	MEDICAL UPDATE & PATIENT INFORMATION	04/87	HSQB	PA		N	0	0938-0357	11/92
HCFA-487 (C4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/87	HSQB	PA		N	0	0938-0357	11/92
HCFA-487 (U4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/87	HSQB	PA		N	0	0938-0357	11/92
HCFA-488 (U2)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/87	HSQB	PA		N	0	0938-0357	11/92
HCFA-488 (C4)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/87	BPO	PA	HSS	Y	0	0938-0357	11/92
HCFA-499 (SH)	HCFA PERFORMANCE APPRAISAL SUMMARY DATA	08/85	OBA	HQ	SPO	Y	N		
HCFA-499-A (SH)	DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	09/88	OBA	HQ		N	N		
HCFA-499-B (SH)	HCFA EPMS PERFORMANCE PLAN, PROGRESS REVIEW/R	09/88	OBA	HQ	SPO	N	N		
HCFA-502 (SH)	HCFA WAIVER COST ESTIMATES	07/85	ORD	OR	SPO	N	N		
HHS 508 (SH)	CONFERENCE AND CALL RECORD	03/81	OBA	HQ	HHS	N	N		
HCFA-525 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	07/88	HSQB	SA	HSS	N	0		
HCFA-530 (SH)	MBCCS FINDER PRINTOUT REQUEST	10/85	OBA	OR	HSS	N	N		
HCFA-532 (CD)	SIGNATURE CARD FOR DEPARTMENT SEAL	11/85	OBA	OR	SPO	N	N		
HCFA-533 (SH)	CONTRACTOR INVENTORY OF MEDICARE FORMS	11/85	OBA	PA	SPO	N	N		
HCFA-534 (SH)	FEDERAL SURVEY DATA EXTRACT SHEET	12/85	HSQB	RO	HSS	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 15

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-535 (SH)	LABEL REQUEST	02/86	OBA	OR	SPO	N	N		
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	10/90	BQC	PB		N	N		
HCFA-538 (SH)	SURVEYOR CHARACTERISTICS AND TRAINING QUESTIO	10/87	HSQB	SA		N	N		
HCFA-542 (U2)	VISITOR PARKING PERMITS	09/84	OBA	HQ	SPO	N	Y		
HCFA-556 (PC)	ESRD SYSTEMS BRANCH POSTCARD	10/86	BDMS	OR	SPO	N	N		
HCFA-559 (U2)	PROVIDER TIE-IN NOTICE	11/86	OBA	HQ RO	SPO	N	N		
HCFA-560 (U3)	PRINTING ACTIVITY CHECKSHEET	01/90	OBA	HQ	SPO	N	N		
HCFA-561 (SH)	ROUTINE BUILDING INSPECTION REPORT	12/86	OBA	HQ	SPO	N	N		
HCFA-562 (U4)	MEDICARE/MEDICAID COMPLAINT FORM	07/90	HSQB	RO HQ		N	N		
HCFA-563 (LB)	MAILING LABELS	01/87	OPHC	HQ	SPO	N	N		
HCFA-L564 (SH)	MEDICARE INFORMATION, SPECIAL ENROLLMENT PERI	04/88	BPO	SS	LOC	Y	O	0938-0214	04/89
HCFA-565 (SH)	MEDICARE QUALIFICATION STATEMENT FOR FED EMPL	10/90	BPO	SS		Y	O	0938-0501	12/90
HCFA-566 (SH)	HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLL	01/88	OPHC	SS		Y	O	0938-0507	05/91
HCFA-576 (U3)	APPLICATION FOR ORGAN PROCUREMENT	08/87	HSQB	RO	HSS	Y	O	0938-0512	10/91
HCFA-576-A (SH)	AGREEMENT NOTICE FOR HCFA-576	08/87	HSQB	RO	HSS	Y	O		
HCFA-586 (SH)	APPLICATION KIT REQUEST FORM	07/87	ORD	HQ	SPO	N	N		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 16

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-597 (SH)	ALJ HEARING FACT SHEET PART 2, CLAIM DENIAL	10/87	OBA	PB	LOC	N	N		
HCFA-598 (SH)	ALJ HEARING REQUEST LOG	10/87	OBA	PB	LOC	N	N		
HCFA-599 (SH)	EXAMPLE ALJ HEARING EXHIBIT LIST	10/87	OBA	PB	LOC	N	N		
HCFA-600 (SH)	REASONABLE CHARGE RECORD	10/87	OBA	PB	LOC	N	N		
HCFA-601 (SH)	PROFESSIONAL QUALIFICATIONS	10/87	OBA	PB	LOC	N	N		
HCFA-618 (BK)	PRO BUDGET AND COST REPORT SUMMARY	08/88	HSQB	HQ	SPO	N	N	0938-0531	04/93
HCFA-620 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZ	01/89	BDMS	HQ	SPO	N	N		
HCFA-621 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZ	01/89	BDMS	HQ	SPO	N	N		
HHS632 (SH)	FREEDOM OF INFORMATION REQUEST	04/90	OPA	HQ	HHS	N	N		
HCFA-633 (U4)	INVOICE OF FEES FOR FOIA SERVICES	01/88	OPA	OR PA PB		N	N		
HCFA-636 (U2)	TRANSMITTAL NOTICE HEARING CASE	06/88	BPO	PA PR	HSS	N	N		
HCFA-636-A (U3)	TRANSMITTAL NOTICE HEARING CASE	12/82	BPO	OR		N	Y		
HCFA-L666 (SH)	MEDICARE BENEFIT INFORMATION	07/83	BPO	SS		N	Y		
HCFA-L666-SP (SH)	INFORMACION DE BENEFICIOS	08/75	BPO	SS		N	Y		
HCFA-670 (BK)	SURVEY TEAM COMPOSITION AND WORKLOAD REPORT	10/90	HSQB	SA		N	O		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 17

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-671 (BK)	SNF/ICF APPLICATION FOR MEDICARE & MEDICAID	10/90	HSQB	SA		N	O		
HCFA-672 (BK)	RESIDENT CENSUS AND CONDITIONS OF RESIDENTS	10/90	HSQB	SA		N	O		
HCFA-673 (BK)	EXTENDED SURVEY JUSTIFICATION WORKSHEET	10/90	HSQB	SA		N	O		
HCFA-674 (SH)	RESIDENTS RIGHTS & QUALITY OF LIFE	10/90	HSQB	SA		N	O		
HCFA-675 (BK)	RESIDENT RIGHTS/QUALITY OF LIFE; INTERVIEW GU	10/90	HSQB	SA		N	O		
HCFA-676 (SH)	QUALITY OF CARE ASSESSMENT WORKSHEET	10/90	HSQB	SA		N	O		
HCFA-677 (BK)	MEDICATION PASS WORKSHEET	10/90	HSQB	SA		N	O		
HCFA-678 (SH)	ENVIRONMENT QUALITY ASSESSMENT UNIT WORKSHEET	10/90	HSQB	SA		N	O		
HCFA-679-A (SH)	DIETARY SERVICES SYSTEM WORKSHEET	10/90	HSQB	SA		N	O		
HCFA-679-B (SH)	DIETARY SERVICES SYSTEM WORKSHEET, DINNING AR	10/90	HSQB	SA		N	O		
HCFA-680 (SH)	CLOSED RECORDS DISCHARGE REVIEW WORKSHEET	10/90	HSQB	SA		N	O		
HCFA-681 (SH)	SURVEYOR NOTES WORKSHEET	01/90	HSQB	SA	HSS	N	O		
HCFA-681 (SH)	SURVEYOR NOTES WORKSHEET	10/90	HSQB	SA		N	O		
HCFA-682 (SH)	RESIDENT ROSTER	10/90	HSQB	SA		N	O		
HCFA-683 (SH)	LONG TERM CARE FACILITY OBSERVATIONS	10/90	HSQB	SA	HSS	N	O	0938-0062	03/91
HCFA-700 (SH)	PLAN OF CARE/ASSESSMENT FOR OUT PATIENT REHAB	09/89	BPO	PA	HSS	N	O	0938-0227	06/91

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 18

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-701 (SH)	UPDATED PLAN OF CARE/PROGRESS	09/89	BPO	PA	HSS	N	O	0938-0227	06/91
HCFA-702 (SH)	(OPTIONAL) UPDATED PROGRESS	09/89	BPO	PA	HSS	N	O	0938-0227	06/91
HCFA-898 (SH)	STATE LISTING BY REGION	05/79	ORD	OR	SPO	N	N		
HCFA-898-F (SH)	TITLE XIX QUARTERLY COMPLIANCE REPORT	03/84	BPO	RO	SPO	N	N		
HCFA-L913 (SH)	INABILITY TO PROCESS ACCRETION	04/81	OBA	OR		N	N		
HCFA-L1001 (SH)	NOTIFICATION OF INTERNAL ADJUSTMENTS	11/80	OBA	OR		N	Y		
HCFA-1007 (BK)	WKSHT TAC TARGET AMOUNT COMPUTATION	07/85	BPD	PA	LOC	N	N		
HCFA-1042 (SH)	REQ FOR DISTRIBUTION OF MANUALS, FORMS & PUBL	05/87	OBA	HQ RO	SPO	N	N		
HCFA-1066 (SH)	CONTRACTOR CONTROL OF ADMINISTRATIVE FUNDS	01/90	BPO	PA	AUT	N	N		
HCFA-1099-MISC (C3)	MISCELLANEOUS INCOME	10/88	OBA	HQ	SPO	N	N		
HCFA-1118 (SH)	TASK LIST FOR WORK DISTRIBUTION	05/80	OBA	OR	SPO	N	N		
HCFA-1119 (SH)	ACTIVITY LIST FOR WORK DISTRIBUTION	05/80	OBA	OR	SPO	N	N		
HCFA-1120 (SH)	CORRESPONDENCE DEVELOPMENT RECORD	03/86	BPD	OR		N	N		
HCFA-1215 (CD)	COST REPORT CONTROL	06/79	OBA	OR	SPO	N	N		
HCFA-1269 (SH)	PT B OVERPAYMENT IDENTIFICATION AND CONTROL	09/80	BPO	OR	SPO	N	N		
HCFA-1313 (CD)	HIMEXC HIMBEX TAB CARD	07/85	BDMS	OR	SPO	N	N		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 19

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1325 (SH)	CHECK DEPOSIT VOUCHER THIRD PARTY MEDICARE	06/79	OBA	OR	SPO	N	N		
HCFA-1349 (SH)	REQUEST FOR REFERENCE TO HI RECORDS	11/79	OBA	OR	SPO	N	N		
HCFA-1363 (SH)	REQUEST FOR ADJUSTMENT OF HI UTILIZATION	01/80	OBA	OR	SPO	N	N		
HCFA-1364 (SH)	REQUEST FOR ADJUSTMENT OF HI ENTITLEMENT	05/84	OBA	OR		N	N		
HCFA-1450-UB-82 (C5)	UNIFORM BILLING FORM 82	06/82	BPO	PA	LOC	N	O	0938-0279	06/90
HCFA-1450-UB-82 (U5)	UNIFORM BILLING FORM 82	06/82	BPO	PA	LOC	N	O	0938-0279	06/90
HCFA-1465 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	08/76	HSQB	SA	LOC	N	Y		
HCFA-1465-A (SH)	STATE AGENCY BUDGET LIST OF POSITIONS	06/71	HSQB	SA	LOC	N	N		
HCFA-1467 (SH)	STATE SURVEY AGENCY BUDGET NOTICE OF APPROVAL	08/76	HSQB	SA	LOC	N	Y		
HCFA-1469 (SH)	FINANCIAL ACCOUNTABILITY STATEMENT	01/68	HSQB	SA	LOC	N	Y		
HCFA-1469-A (SH)	STATE SURVEY QUARTERLY EXPENDITURE REPORT	08/76	HSQB	SA	LOC	N	Y		
HCFA-1490-S SC (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	02/87	BPO	PB SS		Y	O	0938-0008	11/90
HCFA-1490-S SP (SH)	PETICION DEL PACIENTE PARA PAGOS DE MEDICARE	02/87	BPO	SS	SSS	Y	Y	0938-0008	11/87
HCFA-1490-U (C2)	REQUEST FOR MEDICARE PAYMENT	10/81	BPO	PB	HHS	N	O	0938-0008	11/87
HCFA-1490-U (U2)	REQUEST FOR MEDICARE PAYMENT BY ORGANIZATIONS	10/81	BPO	PB	HSS	N	O	0938-0008	11/90
HCFA-1490-U (SH)	REQUEST FOR MEDICARE PAYMENT	10/81	BPO	PB	HSS	N	O	0938-0008	11/90

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO	PB		Y	0	0938-0042	02/91
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO	PB		Y	0	0938-0042	02/91
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO	PB		N	0	0938-0042	02/91
HCFA-1500 (C2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	0	0938-0008	11/90
HCFA-1500 (C1)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	0	0938-0008	11/87
HCFA-1500 (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	0	0938-0008	11/87
HCFA-1500 (SH)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	0	0938-0008	11/87
HCFA-1500-PR (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	0	0938-0008	11/90
HCFA-1500-SC (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	0	0938-0008	11/87
HCFA-1500-SC (SH)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	0	0938-0008	11/87
HCFA-1500-SC (C2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	0	0938-0008	11/87
HCFA-1506 (SH)	PART B SCOUT SHEET	07/80	OBA	HQ	SPO	N	N		
HCFA-1514 (U5)	HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	05/90	HSQB	SA		N	0	0938-0380	08/92
HCFA-1515-A (SH)	HHA FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE/	06/90	HSQB	SA	HSS	N	0	0938-0355	01/92
HCFA-1515-B (SH)	HHA FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE/	06/90	HSQB	SA	HSS	N	0	0938-0355	01/92
HCFA-1515-C (SH)	HHA FUNCTIONAL ASSESSMENT MODULE C: HOME VISI	06/90	HSQB	SA	HSS	N	0	0938-0355	01/92

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 21

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1515-D (SH)	HHA FUNCTIONAL ASSESSMENT PATIENT CARE: MODUL	06/90	HSQB	SA	HSS	N	O	0938-0355	01/92
HCFA-1515-E (SH)	HHA FUNCTION & CARE SUMMARY: MODULE/E	06/90	HSQB	SA	HSS	N	O	0938-0355	01/92
HCFA-1515-F (SH)	CALENDAR WORKSHEET-PROSCRIBED VISITS	06/90	HSQB	SA	HSS	N	O	0938-0355	01/92
HCFA-1516 (U5)	LONG TERM CARE FACILITY REQUEST FOR CERTIFICA	02/86	HSQB	SA	HSS	N	O	0938-0478	04/91
HCFA-1521 (SH)	CONTRACTOR DRAWS ON LETTER OF CREDIT	01/90	BPO	PA	AUT	N	N	0938-0361	08/90
HCFA-1522 (SH)	MONTHLY CONTRACTOR FINANCIAL REPORT	01/90	BPO	PA	AUT	N	N		
HCFA-1523 (SH)	ADMINISTRATIVE BUDGET & COST REPORT	01/90	BPO	PA	AUT	N	N		
HCFA-1523-A (SH)	PART/A SCHEDULE OF PI'S & OTHER	01/90	BPO	PA	AUT	N	N		
HCFA-1523-B (SH)	PART/A SCHEDULE OF CREDITS, EDP & OVERHEAD	01/90	BPO	PA	AUT	N	N		
HCFA-1523-C (SH)	SCHEDULE OF APPEALS	01/90	BPO	PA	AUT	N	N		
HCFA-1523-D (SH)	PART/A SCHEDULE OF MSP COSTS	01/90	BPO	PA	AUT	N	N		
HCFA-1523-E (SH)	PART/A SCHEDULE OF MR COSTS	01/90	BPO	PA	AUT	N	N		
HCFA-1524 (SH)	PART/B ADMINISTRATIVE BUDGET & COST REPORT	01/90	BPO	PB	AUT	N	N		
HCFA-1524-A (SH)	PART/B SCHEDULE OF PI'S & OTHER	01/90	BPO	PB	AUT	N	N		
HCFA-1524-B (SH)	PART/B SCHEDULE OF CREDITS, EDP & OVERHEAD	01/90	BPO	PB	AUT	N	N		
HCFA-1524-C (SH)	SCHEDULE OF APPEALS	01/90	BPO	PA	AUT	N	N		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1524-D (SH)	PART/B SCHEDULE OF MSP COSTS	01/90	BPO	PB	AUT	N	N		
HCFA-1524-E (SH)	PART/B SCHEDULE OF MR COSTS	01/90	BPO	PB	AUT	N	N		
HCFA-1525 (SH)	CONTRACTOR AUDITING & SETTLEMENT REPORT	01/90	BPO	PA PB	AUT	N	N		
HCFA-1525-A (SH)	CONTRACTOR AUDITING & SETTLEMENT REPORT	01/90	BPO	PA	AUT	N	N		
HCFA-1527 (SH)	QUARTERLY ADJUSTMENT OF TIME ACCOUNTS	01/90	BPO	PA	AUT	N	N		
HCFA-1527-A (SH)	BANK PROCESSING CHARGES-QUARTERLY	01/90	BPO	PA PB	AUT	N	N		
HCFA-1527-B (SH)	BANK PROCESSING CHARGES-MONTHLY	01/90	BPO	PA PB	AUT	N	N		
HCFA-1527-C (SH)	RECAP OF DAILY AVAILABLE BALANCES	01/90	BPO	PA PB	AUT	N	N		
HCFA-1529 (SH)	BUDGET DISTRIBUTION PART/B	01/90	BPO	PA	AUT	N	N		
HCFA-1530 (SH)	AUDIT PRIORITY MATRIX	01/90	BPO	PA	AUT	N	N		
HCFA-1531 (SH)	PROVIDER REIMBURSEMENT PROFILE	01/90	BPO	PA	AUT	N	N		
HCFA-1531-A (SH)	SCHEDULE OF PROVIDERS SERVICED	01/90	BPO	PA	AUT	N	N		
HCFA-1537 (BK)	HOSPITAL SURVEY REPORT	04/89	HSQB	SA		N	O	0938-0382	04/91
HCFA-1537-A (BK)	MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY	04/86	HSQB	SA	HSS	N	O	0938-0378	04/91
HCFA-1537-C (BK)	HOSPITAL PROVIDER OF LTC (SWING-BED) REPORT	04/86	HSQB	SA	HSS	N	O	0938-0382	04/91
HCFA-1539 (U5)	MEDICARE/MEDICAID CERTIFICATION & TRANSMITTAL	07/84	HSQB	SA	HSS	N	Y		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 23

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1539-A (U2)	CERTIFICATION AND TRANSMITTAL SPELL OF ILLNES	06/83	HSQB	SA	SPO	N	Y		
HCFA-1540 (U2)	MEDICARE ESRD CERTIFICATION TRANSMITTAL	03/80	HSQB	SA	HSS	N	N		
HCFA-1557 (BK)	CLINICAL LAB SURVEY REPORT	01/78	HSQB	SA	HSS	N	O	0938-0032	06/92
HCFA-1561 (SH)	HEALTH INSURANCE BENEFIT AGREEMENT	10/90	HSQB	SA		N	Y		
HCFA-1563 (SH)	MONTHLY PT/A RPT ON MEDICARE SECONDARY PAYER	06/90	BPO	PA		N	N		
HCFA-1564 (SH)	MONTHLY PT/B RPT ON MEDICARE SECONDARY PAYER	06/90	BPO	PB		N	N		
HCFA-1565 (SH)	MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	08/86	BPO	PB	AUT	N	O	0938-0399	05/91
HCFA-1572 (BK)	HHA SURVEY & DEFICIENCIES REPORT	08/90	HSQB	SA		N	O	0938-0355	01/92
HCFA-L1573 (U3)	MEDICAL INSURANCE PREMIUMS RECEIVED & DEPOSIT	03/81	OBA	OR		N	N		
HCFA-1580 (SH)	AMENDMENT OF CONTRACT	07/86	BPO	OR		N	N		
HCFA-1585-1585-A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT(ODO)	10/85	BPO	SS	LOC	N	Y		
HCFA-1585-1585-A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT (DIO)	10/85	BPO	SS	LOC	N	N		
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD (ODO)	01/86	BPO	SS	LOC	N	N		
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD (DIO)	01/86	BPO	SS	LOC	N	N		
HCFA-1590-TR (SH)	ADVANCE NOTICE OF RECOUPMENT OF BACK SMI PREM	02/86	BPO	SS	SSA	N	Y		
HCFA-1591-TR (SH)	NOTICE OF RECOUPMENT	02/86	BPO	SS	SSA	N	Y		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 24

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1592 (SH)	SMI PREMIUM ACCOUNTING CARD	07/86	BPO	PC	SSS	N	N		
HCFA-1593 (SH)	HCFA AIS CLEARANCE REQUEST	02/80	OBA	OR	SPO	N	N		
HCFA-1600 (U3)	REQUEST FOR CLAIM NUMBER	06/80	BPO	SS	HSS	N	O	0938-0089	02/91
HCFA-L1601 (SH)	STATE PART/A QMB GROUP PAYER ACCRETION LETTER	06/89	BPO	PA	AUT	N	N		
HCFA-1604 (C4)	SUMMARY ACCOUNTING STATEMENT	12/85	BDMS	HQ	SPO	N	Y		
HCFA-1605 (SH)	MBR BCM PRINTOUT REQUEST	01/80	OBA	OR	SPO	N	N		
HCFA-1607 (SH)	HEALTH INSURANCE PRINTOUT LOCATOR CARDS	08/81	OBA	OR	HSS	N	N		
HCFA-L1614-TR (SH)	MEDICARE NOTICE	07/78	BPO	OR		N	Y		
HCFA-L1617 (SH)	STATE PT/A QMB GROUP PAYER DELETION LETTER	06/89	BPO	PA	AUT	N	N		
HCFA-1622 (C1)	NOTICE OF DECISION ON PT/B MEDICARE CLAIM	06/83	ORD	OR	HSS	N	Y		
HCFA-L1626 (C1)	MEDICARE NOTICE	02/81	BPO	OR		N	Y		
HCFA-L1636-TR (C1)	MEDICARE NOTICE	03/82	BPO	OR		N	Y		
HCFA-1660 (SH)	RQST FOR INFO MED PAYMT FOR PATIENT NOW DECEA	08/81	BPD	AB	HSS	N	O	0938-0020	06/90
HCFA-1664 (SH)	RQST FOR NAME & SEX CORRECTION OF HI RECORD	07/84	OBA	OR	SPO	N	N		
HCFA-1666 (SH)	R/O RQST FOR ADDITIONAL INFORMATION	04/80	HSQB	OR	HSS	N	N		
HCFA-1667 (CD)	NOTICE OF REFUND OF INSURANCE PREMIUM	09/69	BPO	SS	SPO	N	Y		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 25

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1686 (SH)	REFERENCE MATERIAL REQUESTS	09/80	OBA	OR	SPO	N	N		
HCFA-1696 (U4)	APPOINTMENT OF REPRESENTATIVE	10/84	BPO	SS	HSS	N	N		
HCFA-1703 (SH)	IMAGER CODING FORMAT	04/81	ORD	OR	SPO	N	N		
HCFA-1705 (SH)	ADJUSTMENT FORM FOR INPATIENT HOSPITAL & SNF	11/83	OBA	OR	SPO	N	N		
HCFA-1706 (SH)	ADJUSTMENT FORM FOR CHRISTIAN SCIENCE BILLS	07/80	OBA	OR	SPO	N	N		
HCFA-1707 (SH)	ADJUSTMENT FORM FOR HOME HEALTH BILLS	07/80	OBA	OR	SPO	N	N		
HCFA-1723 (SH)	FLOW PROCESS CHART	05/80	OBA	OR	SPO	N	N		
HCFA-1724 (SH)	WORK DISTRIBUTION CHART	05/80	OBA	OR	SPO	N	N		
HCFA-1725 (SH)	MEDICARE PROBLEM REFERRAL	05/84	OBA	SS	SPO	N	N		
HCFA-1727 (SH)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	09/89	BPD	HQ		N	N		
HCFA-1728-86 (SH)	HOME HEALTH AGENCY COST REPORT	06/86	BPD	PA	HSS	N	O	0938-0022	07/93
HCFA-1728-86 SUP (SH)	HHA SUPPLEMENTAL WORKSHEET	06/86	BPD	PA	HSS	N	O	0938-0022	07/93
HCFA-1728-86-F3 (SE)	HHA COST REPORT EQUITY CAPITAL WORKSHEET	06/86	BPD	PA	HSS	N	O	0938-0022	07/93
HCFA-1730 (BK)	APPORTIONMENT OF MALPRACTICE INSURANCE COST	04/89	BPD	PA	LOC	N	N		
HCFA-1739 (TC)	RQST INFO ABOUT MED INS FOR FOREIGN BENEFICIA	04/81	BDMS	OR	SPO	N	N		
HCFA-1760 (SH)	HCFA MAILING LIST ACCRETION	03/85	OBA	OR	SPO	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1761 (SH)	TRANSMITTAL FOR FORWARDING HI BILLS	05/84	OBA	OR	SPO	N	Y		
HCFA-1763 (SH)	RQST FOR TERMINATION OF PREMIUM HI/SMI	03/82	BPO	SS	HSS	N	O	0938-0025	03/92
HCFA-1767 (SH)	RQST FOR DO. ASSIST STATE BUY-IN VERIFICATION	02/81	OBA	OR	SPO	N	N		
HCFA-1771 (SH)	PHYSICIAN STMT & DOCUMENTATION OF EMERGENCY	09/77	BPO	RO	HSS	N	O	0938-0023	01/91
HCFA-1777 (SH)	REQUEST FOR REPLACEMENT OF HCFA-1778	12/79	OBA	OR	SPO	N	N		
HCFA-1778 (TC)	HIMEXC PSC REQUEST	01/82	BDMS	OR	HSS	N	N		
HCFA-1793 (SH)	CHECKLIST OF AIS TRANSMITTALS	08/80	OBA	OR	SPO	N	N		
HCFA-1794 (SH)	CHECKLIST OF HANDBOOK TRANSMITTALS	03/78	OBA	OR	SPO	N	N		
HCFA-1807 (BK)	ANNUAL SURVEY INDEPENDENT HEALTH PLANS	04/82	ORD	PA	SPO	N	O	0938-0249	05/91
HCFA-1819 (SH)	REQUEST FOR THIRD PARTY BILLING	02/80	OBA	HQ	SPO	N	N		
HCFA-1820 (SH)	REQUEST FOR ADJUSTMENT OF TP MASTER	08/81	OBA	OR	HSS	N	N		
HCFA-1841 (SH)	CERTIFICATION OF TRUE COPY	02/80	BPO	OR	SPO	N	N		
HCFA-1841-A (SH)	CERTIFICATION OF TRUE COPY	02/80	BPO	OR	SPO	N	N		
HCFA-1856 (U5)	RQST TO ESTABLISH ELIGIBILITY IN HI PROGRAM	10/80	HSQB	SA	HSS	N	O	0938-0065	09/92
HCFA-1858 (SH)	DISPOSITION NOTICE THIRD PARTY CASE	02/80	OBA	OR	SPO	N	N		
HCFA-1880 (U4)	RQST FOR CERTIFICATION AS SUPPLIER OF SERVICE	10/80	HSQB	SA	HSS	N	O	0938-0027	02/91

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 27

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1882 (BK)	PORTABLE XRAY SURVEY REPORT	12/75	HSQB	SA	HSS	N	O	0938-0027	02/91
HCFA-1883 (SH)	REQUEST FOR TP HISTORY INSERTION	06/80	OBA	HQ	HSS	N	N		
HCFA-1884 (SH)	CORRESPONDENCE SCOUTING REQUEST	08/81	OBA	OR	SPO	N	N		
HCFA-1885-A (SH)	PROVIDER CHAIN OPERATOR DATA	10/81	BPO	PA	LOC	N	Y		
HCFA-1893 (BK)	OUTPATIENT PHYSICAL THERAPY SURVEY	03/78	HSQB	SA	HSS	N	O	0938-0065	09/92
HCFA-1899 (U2)	REQUEST FOR PSC THIRD PARTY ACTION	06/81	OBA	SS	HSS	N	N		
HCFA-L1900 (SH)	STATE PART/A QMB GROUP PAYER LIMITED COVERAGE	06/89	BPO	PA	AUT	N	N		
HCFA-L1907 (TR)	MEDICARE NOTICE	03/81	BPO	OR		N	Y		
HCFA-1929 (SH)	HEALTH PREPAYMENT CODING SHEET	01/78	BPO	OR	SPO	N	O		
HCFA-1937 (SH)	REQUEST FOR TELETYPE MESSAGE	03/83	BPO	HQ	SPO	N	N		
HCFA-1938 (U2)	SSO REQUEST FOR CARRIER OR INTERMEDIARY ASSIS	01/88	BPO	SS	SSS	N	N		
HCFA-1945 (SH)	HCFA CORRESPONDENCE CONTROL SHEET	03/83	OBA	HQ	SPO	N	N		
HCFA-1954 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1954 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1955 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1955 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/78	BPO	PA	HSS	N	Y		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1957 (U3)	SOCIAL SECURITY RPT OF STATE BUY-IN PROBLEM	11/80	BPO	SS	HSS	N	O	0938-0035	08/93
HCFA-1960 (SH)	REQUEST FOR EVIDENCE OF MEDICAL NECESSITY	05/69	BPO	SS	SSS	N	Y		
HCFA-1961 (SH)	HCFA FORMS ORDER	12/82	OBA	OR	SPO	N	O	0938-0356	04/91
HCFA-1962 (U3)	ASSIGNMENT CONTROL AND EVALUATION RECORD	12/82	OBA	HQ	HSS	N	N		
HCFA-1963 (SH)	TASK ASSIGNMENT RECORD	05/80	ORD	OR	SPO	N	N		
HCFA-1964 (U2)	REQUEST FOR REVIEW OF PT/B MEDICARE CLAIM	08/85	BPD	PB	HSS	N	O	0938-0033	02/91
HCFA-1965 (U2)	REQUEST FOR HEARING OF PT/B MEDICARE CLAIMS	08/79	BPD	PB	HSS	N	O	0938-0034	06/90
HCFA-1966 (SM)	HEALTH INSURENCE CARD	10/90	BOWS	SS	HSS	N	N		
HCFA-1966--PR (CD)	HEALTH INSURANCE CARD	10/90	BPO	SS	LOC	N	N		
HCFA-1978 (U4)	STOCK REPLENISHMENT NOTICE	06/82	OBA	OR	SPO	N	N		
HCFA-1979 (U6)	CORRESPONDENCE CONTROL RECORD	04/79	HSQB	OR	SPO	N	N		
HCFA-1980 (U3)	CARRIER OR INTERMEDIARY REQUEST FOR SSO ASSIS	03/78	BPO	PA	HSS	N	Y		
HCFA-1984 (BK)	HOSPICE COST REPORT	10/86	BPD	PA	LOC	N	O	0938-0392	09/90
HCFA-1985 (SH)	REQUEST FOR ADJUSTMENT OF HOSPICE RECORD	11/83	OBA	OR	SPO	N	N		
HCFA-2007 (U5)	PROVIDER TIE IN NOTICE	03/82	BPO	HQ	HSS	N	Y		
HCFA-2021 (SH)	HCFA RECORD SPECIFICATION	09/80	OBA	OR	SPO	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 29

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-2022 (SH)	HCFA RECORD FORMAT	09/80	OBA	OR	SPO	N	N		
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	08/90	OBA	HQ		N	N		
HCFA-2048 (U5)	HCFA GRIEVANCE FORM	05/84	OBA	HQ	SPO	N	Y		
HCFA-2082-SUP (BK)	STAT RPT ON MEDICAL CARE:ELIGIBLES, RECIPIENT	06/87	OACT	HQ	SPO	N	O	0938-0345	12/90
HCFA-2109 (SH)	REQUEST FOR CLAIM NUMBER	07/80	OBA	OR	SPO	N	Y		
HCFA-2143 (U2)	FOLLOWUP TO MEDICARE PROVIDERS	06/73	OBA	OR	SPO	N	N		
HCFA-2174 (SH)	QUARTERLY REPORT OF CARRIER OVERPAYMENT	11/85	BPO	PB	AUT	N	Y		
HCFA-2176 (U2)	QUERY HISTORY REPORT	08/85	OBA	OR	SPO	N	N		
HCFA-2178 (U4)	HIB/SMIB PROBLEM REFERRAL	05/85	BPO	SS	HSS	N	N		
HCFA-2181-TR (SH)	NOTICE OF INTERMEDIARY HI BILL BATCH STATUS	02/81	OBA	HQ	SPO	N	Y		
HCFA-2242 (SH)	CLAIMS WORKLOAD	09/77	BPO	OR	SPO	N	N		
HCFA-2318 (SH)	REVIEW CONTROL	10/88	OBA	OR		N	N		
HCFA-2327 (U2)	RQST FOR EVIDENCE FOR ASSISTANCE OVERPAYMENT	03/82	BPO	OR	SPO	N	Y		
HCFA-2373 (SH)	REPLY TO PAYMENT RECORD CORRESPONDENCE	07/80	OBA	OR	SPO	N	N		
HCFA-2384 (U2)	THIRD PARTY PREMIUM BILLING REQUEST	03/87	BPO	SS		Y	O	0938-0041	06/90
HCFA-2416 (SH)	THIRD PARTY CODE 42 DELEGATION RECORD	02/81	OBA	OR	SPO	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 30

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-2423 (SH)	THIRD PARTY PAYMENT AND ADJUSTMENT RECORD	01/83	OBA	OR	SPO	N	N		
HCFA-2467 (SH)	RQST FOR HIMBRSSR INFORMATION OR HI CARD	01/77	BPO	SS	SSS	N	N		
HCFA-2501 (U4)	RECONSIDERATION DETERMINATION	01/72	BPO	PA	HSS	N	Y		
HCFA-2540-86 SUP (BK)	SNF SUPPLEMENTAL WORKSHEET (QUESTIONNAIRE)	06/86	BPD	PA	HSS	N	O	0938-0463	05/91
HCFA-2540-86F (BK)	SNF/SNF HEALTH CARE COMPLEX COMPUTATION WORKS	06/86	BPD	PA	HSS	N	O	0938-0463	05/91
HCFA-2540-86H (BK)	SNF BASED HHA STATISTICAL DATA	06/86	BPD	PA	HSS	N	O	0938-0463	05/91
HCFA-2540-87 (BK)	SKILLED NURSING FACILITY & SNF HEALTH CARE CO	10/87	BPD	PA	HSS	N	N	0938-0463	05/91
HCFA-2540-87-SUP (BK)	SNF CERTIFICATION & OTHER DATA WITH INPUT SHE	07/87	BPD	PA	HSS	N	O		
HCFA-2552-BASIC (BK)	HOSPITAL & HEALTH CARE COST REPORT	08/90	BPD	PA	HSS	N	O	0938-0050	08/92
HCFA-2552-F (BK)	HOSPITAL COST REPORT	08/90	BPD	PA	HSS	N	O	0938-0050	08/92
HCFA-2552-H (BK)	HOSPITAL BASED HHA COST REPORT	08/90	BPD	PA	HSS	N	O	0938-0050	08/92
HCFA-2552-SUP (BK)	HOSPITAL & HOSPITAL-BASED COMPONENTS	08/90	BPD	PA	HSS	N	O	0938-0050	08/92
HCFA-2552-84-F (BK)	EQUITY CAPITAL BALANCE SHEET COST REPORT	02/85	BPD	PA	HSS	N	O	0938-0050	12/85
HCFA-2552-85 (BK)	HOSPITAL /HOSPITAL HEALTH CARE COMPLEX COST R	02/89	BPD	PA	SPO	N	Y	0938-0050	08/92
HCFA-2552-85 (BK)	HOSPITAL & HEALTH CARE COMPLEX COST REPORT	06/88	BPD	PA		N	O		
HCFA-2554 (SH)	BUDGET DISTRIBUTION PLAN OF EXPENDITURE	09/79	BPO	OR	SPO	N	N		



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 31

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-2561 (SH)	HOSPITAL WAGE INDEX SURVEY	03/89	BPD	PA	AUT	N	N		
HCFA-2567 (U6)	STATEMENT OF DEFICIENCIES & PLAN OF CORRECTIO	10/84	HSQB	SA	HSS	N	O	0938-0391	12/90
HCFA-2567-B (U6)	POST-CERTIFICATION REVISIT REPORT	08/79	HSQB	SA	HSS	N	O	0938-0390	01/91
HCFA-2572 (SH)	STATEMENT OF FINANCIAL SOLVENCY	04/81	HSQB	RO	HSS	N	Y		
HCFA-2580 (SH)	COST CLASSIFICATION REPORT	09/79	BPO	OR	AUT	N	N		
HCFA-2589 (LB)	HI MAGNETIC TAPE LABEL	08/79	BPO	PA	HSS	N	N		
HCFA-2590 (SH)	CARRIER APPEAL REPORT	06/84	BPO	PB	AUD	N	O	0938-0452	12/90
HCFA-2592 (U4)	MEMORANDUM RECEIPT	09/80	OBA	OR	SPO	N	N		
HCFA-2628 (SH)	FOREIGN HI CLAIM ACCESSIBILITY	01/80	BPO	AB	SPO	N	N		
HCFA-2642 (TC)	PAYMENT RECORD REJECT CARD	02/81	BDMS	HQ	HSS	N	Y		
HCFA-2649 (U2)	REQUEST FOR RECONSIDERATION PART/A	08/79	BPO	OR	HSS	N	O	0938-0045	12/90
HCFA-2653-2653A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	09/78	BPO	HQ	SPO	N	N		
HCFA-2654-2654A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	07/78	BPO	HQ	SPO	N	Y		
HCFA-2672 (SH)	AUTHORIZATION TO DISCLOSE AOA SURVEY	07/78	HSQB	OR	SPO	N	Y		
HCFA-2687 (C1)	NOTICE OF MEDICARE ENROLLMENT	10/78	BPO	SS	SPO	N	Y		
HCFA-2688-2688A (C1)	NOTICE/RECORD TERMINATION HIB	07/78	BPO	OR	SPO	N	Y		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-2690 (CD)	REQUEST FOR CANCELLATION OF SMI	03/78	BPO	SS	SSS	N	Y		
HCFA-2728 (U4)	CHRONIC RENAL DISEASE MEDICAL EVIDENCE	08/87	BPO	SS	SSS	N	N	0938-0046	12/90
HCFA-2729 (U3)	LONG SUPPLY/INSUFFICIENT ACTIVITY REPORT	08/83	OBA	OR	SPO	N	N		
HCFA-2744 (BK)	ESRD FACILITY SURVEY	11/88	BDMS	OR	HSS	N	O	0938-0447	11/90
HCFA-2744-I (BK)	ESRD FACILITY SURVEY INSTRUCTIONS	11/88	BDMS	OR		N	Y		
HCFA-2745 (U4)	ESRD TRANSPLANT INFO/ESRD MEDICAL INFO SYSTEM	07/87	BDMS	HQ	HSS	Y	O	0938-0064	08/91
HCFA-2746 (U3)	ESRD DEATH NOTIFICATION	03/90	BDMS	OR		N	O	0938-0448	03/93
HCFA-2771 (SH)	STUFFER TO RETURN OR REPLACE LOST HI CARDS	07/80	OBA	OR	HSS	N	Y		
HCFA-2782 (U2)	REQUEST FOR ENTRY OF AN ITEM INTO SUPPLY SYST	12/84	OBA	OR	SPO	N	N		
HCFA-2786-F (BK)	FIRE SAFETY SURVEY REPORT 1981 CODE	12/85	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-G (BK)	FIRE SMOKE ZONE EVALUATION WORKSHEET 1981 COD	07/84	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-H (BK)	FIRE SAFETY SURVEY REPORT AMBULATORY SURGICAL	07/87	HSQB	RO		N	O	0938-0242	05/90
HCFA-2786-J (BK)	FIRE SAFETY SURVEY REPORT ICF/MR- SMALL FACIL	06/86	HSQB	SA	HSS	N	N	0938-0242	05/90
HCFA-2786-K (BK)	FIRE SAFETY SURVEY RPT-ICF/MR LARGE FACILITIE	06/86	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-L (BK)	FIRE SAFETY SURVEY RPT-ICF/MR APARTMENT BLDGS	06/86	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-M (SH)	FIRE SAFETY RPT-ICF/MR RATING RESIDENTS	06/86	HSQB	SA	HSS	N	O	0938-0242	05/90

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 33

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-2786-P (BK)	FIRE SAFETY SURVEY REPORT, 1985 CODE	09/89	HSQB	SA	SSN	N	O	0938-0242	05/90
HCFA-2786-Q (BK)	FIRE/SMOKE ZONE EVALUATION WORKSHEET	09/89	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2799 (SH)	REVIEW DATE CARD LOADSHEET	09/80	BQC	OR	HSS	N	Y		
HCFA-2802 (SH)	REQUEST FOR VALIDATION OF ACCREDITATION	04/86	HSQB	RO	HSS	N	N		
HCFA-2803 (SH)	ANALYSIS DATE CARD LOADSHEET	11/77	BQC	OR	HSS	N	N		
HCFA-2815 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	08/76	HSQB	SA	LOC	N	Y	0938-0563	02/93
HCFA-2816 (U2)	DEPOSIT VOUCHER INDIVIDUAL PREMIUM PAYMENT	03/81	OBA	OR	SPO	N	N		
HCFA-2824 (SH)	STATE SURVEY AGENCY QUARTERLY REPORT	06/76	HSQB	SA	LOC	N	Y	0938-0562	02/93
HCFA-2829 (SH)	MASTER TRANSMITTAL CONTROL RECORD	08/79	OBA	OR	SPO	N	N		
HCFA-2878 (SH)	ALLEGATIONS CONCERNING ACCREDITED HOSPITAL	04/86	HSQB	OR		N	N		
HCFA-2891 (SH)	CRITICAL CASE REFERRAL	01/82	BPO	RO	SPO	N	N		
HCFA-2943 (SH)	REQUEST FOR CORRECTION OF HI MASTER RECORD	12/82	OBA	OR	SPO	N	N		
HCFA-3014 (SH)	REQUEST FOR CREATION OF HI MASTER RECORD	01/84	OBA	HQ	SPO	N	N		
HCFA-3015 (U2)	DMOS QUALITY REVIEW RECORD	09/88	OBA	HQ	SPO	N	N		
HCFA-3024 (SH)	WORK EXPERIENCE REPORT	03/83	OBA	OR	SPO	Y	N		
HCFA-3043 (BK)	MONTHLY CONTRACTOR FINANCIAL REPORT	09/74	BPO	OR	SPO	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-3058 (SH)	MONTHLY PERIODIC INTERIM PAYMENT REPORT	04/79	BPO	AB	SPO	N	O	0938-0384	11/90
HCFA-3070-G (BK)	ICF/MR SURVEY REPORT FORM	10/88	HSQB	SA	HSS	N	O	0938-0062	03/91
HCFA-3070-H (BK)	ICF/MR DEFICIENCIES REPORT	10/88	HSQB	SA	HSS	N	O	0938-0062	03/91
HCFA-3070-I (SH)	CLIENT OBSERVATION WORKSHEET	10/88	HSQB	SA	HSS	N	O	0938-0062	03/91
HCFA-3080 (U3)	PROVIDER OVERPAYMENT CAST TRANSMITTAL	02/80	BPO	OR	SPO	N	Y		
HCFA-3083 (BK)	LAB PERSONNEL QUALIFICATION APPRAISAL	10/90	HSQB	SA	HSS	N	N		
HCFA-3150 (U5)	OFFICE OF ADMINISTRATIVE SYSTEMS REQUEST	04/80	OBA	OR	SPO	N	N		
HCFA-3150-A (SH)	ESTIMATED RESOURCE WORKSHEET	04/80	OBA	OR	SPO	N	N		
HCFA-3151 (U4)	OFFICE OF ADMINISTRATIVE SYSTEMS BUDGET WORKS	04/80	OBA	OR	SPO	N	N		
HCFA-3177 (CD)	CREDENTIAL CARD	03/82	BQC	OR	SPO	N	Y		
HCFA-3182 (BK)	UNIFORM DESK REVIEW PROGRAM	08/86	BPD	PA		N	Y		
HCFA-3274 (SH)	CORRECTION INPUT DATA	02/80	BPO	SS	LOC	N	N		
HCFA-3345 (SH)	TRANSMITTAL FOR INCOMPLETE SMI ENROLLMENT	02/82	BPO	OR	SSS	N	N		
HCFA-3361 (SH)	HEALTH PREPAYMENT PLAN TRANSMITTAL	10/83	BPO	OR	SPO	N	N		
HCFA-3402 (U4)	REQUEST FOR APPROVAL AS A SUPPLIER OF SERVICE	02/86	HSQB	OR	HSS	N	O	0938-0055	11/92
HCFA-3427 (BK)	ESRD FACILITY SURVEY REPORT	06/90	HSQB	SA RO		N	O	0938-0360	04/91



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 35

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-3427-A (BK)	ESRD FACILITY SURVEY REPORT ADDENDUM	06/90	HSQB	SA RO		N	O	0938-0360	04/91
HCFA-3444 (SH)	OPTIONAL DATE CARD LOADSHEET	11/77	BPO	OR	HSS	N	N		
HCFA-3470 (SH)	FIS DATA ENTRY CODING SHEET	11/86	OBA	OR		N	N		
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	01/91	BPO	PA PR		N	N		
HCFA-3510 (SH)	HEALTH INSURANCE CASE FOLDER (HCFA)	01/91	BPO	PA	SPO	N	N		
HCFA-3518 (SH)	HI/MBR INTERCHANGE	06/81	OBA	OR	SPO	N	N		
HCFA-3763 (SH)	BILL RETRIEVAL CANCEL ONLY	04/85	OBA	HQ	SPO	N	N		
HCFA-3779 (U3)	ELECTRONIC DATA PROCESSING	06/78	OBA	HQ	HSS	N	N		
HCFA-3851 (U3)	REQUEST FOR OPM ASSISTANCE MEDICARE PRE-BILL	06/81	OBA	OR	SPO	N	N		
HCFA-3892 (U3)	OUTLINE OF PROBLEM CASES	11/79	OBA	OR	SPO	N	N		
HCFA-3896 (SH)	CASE WORK SHEET	11/80	OBA	OR	SPO	N	N		
HCFA-4040 (SH)	REQUEST FOR ENROLLMENT IN SMI	05/87	BPO	SS		Y	O	0938-0245	12/91
HCFA-4040-SP (SH)	REQUEST FOR ENROLLMENT IN SMI	05/87	BPO	SS		Y	O		
HCFA-L4200 (SH)	MEDICARE NOTICE	11/81	BPO	OR		N	Y		
HCFA-4563 (SH)	THIRD PARTY MASTER REINSTATEMENT	05/84	OBA	HQ	SPO	N	N		
HCFA-4641 (SH)	AUTHORIZATION TO OBTAIN PERSONAL INFORMATION	04/82	BQC	RO	HSS	N	N		

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
ACTIVE FORMS

PAGE 36

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-5058 (CD)	CORRESPONDENCE ACKNOWLEDGEMENT	08/88	OBA	OR		N	Y		
HCFA-5082 (SH)	ACTIVITY HISTORY SHEET	06/81	OBA	OR	SPO	N	N		
HCFA-5082-A (SH)	HISTORY SHEET	06/81	OBA	OR	SPO	N	N		
FMS5401 (U4)	PAYMENT VOUCHER ON LETTER OF CREDIT	09/88	BPO	HQ	HSS	N	N		
HCFA-6029 (U6)	RECEIVING REPORT	09/89	OBA	OR		N	N		
HCFA-8013 (SH)	HI MBR/SSR DATA OR HI CARD REQUEST	06/86	OBA	OR		N	N		
HCFA-8063 (SH)	INTERNAL TEMPORARY HI RECORD	06/81	BPO	OR	HSS	N	N		
HCFA-8330 (SH)	REQUEST FOR SSI JURISDICTION BUY-IN ACCRETION	09/79	OBA	OR	SPO	N	N		
HCFA-8331 (SH)	RQST FOR REPLACEMENT OF NOTICE OF UTILIZATION	04/81	OBA	OR	SPO	N	N		
HCFA-9735 (SH)	INTERMEDIARY WORKSHEET	04/80	OBA	OR	HSS	N	N		

# Forms Information Catalog

# FORMS LISTED

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HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BDMS

PAGE - 37

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-15 (SH)	HCFA ADP TRAINING CENTER REGISTRATION FORM	BDMS
HCFA-40 (C1)	MEDICARE CARD ENROLLMENT FORM	BDMS
HCFA-40---1966 (CD)	APPLICATION FOR ENROLLMENT	BDMS
HCFA-L40-D (SH)	APPLICATION FOR MEDICAL INSURANCE UNDER MEDICARE	BDMS
HCFA-40-D (SH)	APPLICATION FOR MEDICAL INSURANCE UNDER MEDICARE	BDMS
HCFA-40-D (TC)	APPLICATION FOR ENROLLMENT IN SMI	BDMS
HCFA-L40-D-SP (SH)	SPANISH LANGUAGE LETTER-UN AVISO IMPORTANTE	BDMS
HCFA-40-F (TC)	APPLICATION FOR ENROLLMENT IN SMI	BDMS
HCFA-556 (PC)	ESRD SYSTEMS BRANCH POSTCARD	BDMS
HCFA-620 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZATION	BDMS
HCFA-621 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZATION	BDMS
HCFA-1313 (CD)	HIMEXC HIMBEX TAB CARD	BDMS
HCFA-1533 (C1)	MEDICARE BENEFITS RECORD	BDMS
HCFA-1604 (C4)	SUMMARY ACCOUNTING STATEMENT	BDMS
HCFA-1739 (TC)	RQST INFO ABOUT MED INS FOR FOREIGN BENEFICIARIES	BDMS
HCFA-1778 (TC)	HIMEXC PSC REQUEST	BDMS

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BDMS

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1966 (SM)	HEALTH INSURENCE CARD	BDMS
HCFA-2642 (TC)	PAYMENT RECORD REJECT CARD	BDMS
HCFA-2744 (BK)	ESRD FACILITY SURVEY	BDMS
HCFA-2744-1 (BK)	ESRD FACILITY SURVEY INSTRUCTIONS	BDMS
HCFA-2745 (U4)	ESRD TRANSPLANT INFO/ESRD MEDICAL INFO SYSTEM	BDMS
HCFA-2746 (U3)	ESRD DEATH NOTIFICATION	BDMS

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPD

PAGE - 39

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-83 (SH)	TELEPHONE REPORT	BPD
HCFA-88 (BK)	SNF COST DATA EXTRACTION FORM	BPD
HCFA-89 (SH)	SNF COST DATA	BPD
HCFA-216 (BK)	APPORTIONMENT OF ALLOWABLE RETURN ON EQUITY (OPA)	BPD
HCFA-217 (SH)	EXCEPTION REQUEST LOG	BPD
HCFA-L218 (SH)	180 DAY RECEIPT LETTER	BPD
HCFA-221 (BK)	HHA COST DATA	BPD
HCFA-221-A (BK)	HHA COST DATA EXTRACTION FORM	BPD
HCFA-222 (BK)	INDEPENDENT RURAL HEALTH CLINIC	BPD
HCFA-242 (SH)	FREESTANDING FED FUNDED HLTH CENTER WORKSHEET	BPD
HCFA-265 (BK)	RENAL DIALYSIS FACILITY COST REPORT	BPD
HCFA-287 (BK)	HOME OFFICE COST STATEMENT	BPD
HCFA-375 (BK)	HOSPITAL BASED ESRD COST DATA	BPD
HCFA-376 (BK)	INDEPENDENT ESRD COST DATA	BPD
HCFA-382 (U4)	ESRD BENEFICIARY SELECTION	BPD
HCFA-430 (SH)	SNF ROUTINE COST LIMITS REQUEST FOR ADJUSTMENT	BPD

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPD

PAGE - 40

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-453 (SH)	HHA COST LIMITS REQUEST FOR SHORT PERIOD	BPD
HCFA-1007 (BK)	WKSHT TAC TARGET AMOUNT COMPUTATION	BPD
HCFA-1120 (SH)	CORRESPONDENCE DEVELOPMENT RECORD	BPD
HCFA-1660 (SH)	RQST FOR INFO MED PAYMT FOR PATIENT NOW DECEASED	BPD
HCFA-1727 (SH)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	BPD
HCFA-1728-86 (SH)	HOME HEALTH AGENCY COST REPORT	BPD
HCFA-1728-86 SUP (SH)	HHA SUPPLEMENTAL WORKSHEET	BPD
HCFA-1728-86-F3 (SE)	HHA COST REPORT EQUITY CAPITAL WORKSHEET	BPD
HCFA-1730 (BK)	APPORTIONMENT OF MALPRACTICE INSURANCE COST	BPD
HCFA-1964 (U2)	REQUEST FOR REVIEW OF PT/B MEDICARE CLAIM	BPD
HCFA-1965 (U2)	REQUEST FOR HEARING OF PT/B MEDICARE CLAIMS	BPD
HCFA-1984 (BK)	HOSPICE COST REPORT	BPD
HCFA-2088 (BK)	OUTPATIENT PHYSICAL THERAPY	BPD
HCFA-2540-86 (BK)	SNF/SNF HH COMPLEX COST REPORT	BPD
HCFA-2540-86 SUP (BK)	SNF SUPPLEMENTAL WORKSHEET (QUESTIONNAIRE)	BPD
HCFA-2540-86F (BK)	SNF/SNF HEALTH CARE COMPLEX COMPUTATION WORKSHEET	BPD



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPD

PAGE ~ 41

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2540-86H (BK)	SNF BASED HHA STATISTICAL DATA	BPD
HCFA-2540-87 (BK)	SKILLED NURSING FACILITY & SNF HEALTH CARE COMPLEX	BPD
HCFA-2540-87-SUP (BK)	SNF CERTIFICATION & OTHER DATA WITH INPUT SHEETS	BPD
HCFA-2552-BASIC (BK)	HOSPITAL & HEALTH CARE COST REPORT	BPD
HCFA-2552-F (BK)	HOSPITAL COST REPORT	BPD
HCFA-2552-H (BK)	HOSPITAL BASED HHA COST REPORT	BPD
HCFA-2552-SUP (BK)	HOSPITAL & HOSPITAL-BASED COMPONENTS	BPD
HCFA-2552-84-F (BK)	EQUITY CAPITAL BALANCE SHEET COST REPORT	BPD
HCFA-2552-85 (BK)	HOSPITAL /HOSPITAL HEALTH CARE COMPLEX COST RPT	BPD
HCFA-2552-85 (BK)	HOSPITAL & HEALTH CARE COMPLEX COST REPORT	BPD
HCFA-2561 (SH)	HOSPITAL WAGE INDEX SURVEY	BPD
HCFA-3182 (BK)	UNIFORM DESK REVIEW PROGRAM	BPD

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

PAGE - 42

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-18 (F5)	APPLICATION FOR HOSPITAL INSURANCE	BPO
HCFA-18-SP (F5)	APPLICATION FOR HOSPITAL INSURANCE	BPO
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	BPO
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	BPO
HCFA-43 (BK)	APPLICATION FOR ENROLLMENT IN HI/SMI (ESRD)	BPO
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	BPO
HCFA-177 (CD)	LITIGATION INDEX CARD	BPO
HCFA-179 (U7)	TRANSMITTAL & NOTICE OF APPROVAL	BPO
HCFA-189 (SH)	PROPERTY IDENTIFICATION	BPO
HCFA-190 (SH)	CARTON IDENTIFICATION	BPO
HCFA-L295 (SH)	REQUEST FOR ADDITIONAL BILLING DATA	BPO
HCFA-L325-325-A (C2)	MEDICARE INFORMATION NOTICE OF TERMINATION	BPO
HCFA-L326-326-A (C1)	RECORD OF TERMINATION OF MEDICAL INSURANCE BENEFIT	BPO
HCFA-L327-327A (C1)	MEDICARE INFORMATION: NOTICE OF TERMINATION OF SMIB/HMIB	BPO
HCFA-339 (BK)	PROVIDER COST REPORT REVIEW QUESTIONNAIRE	BPO
HCFA-348 (SH)	ROUTING AND TRANSMITTAL SLIP	BPO

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

PAGE - 43

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-352 (U2)	PT/A RECONSIDERATION INPUT RECORD	BPO
HCFA-353 (U2)	PT/A PREHEARING INPUT RECORD	BPO
HCFA-353-A (SH)	PT/A PSRO PREHEARING INPUT RECORD	BPO
HCFA-354 (SH)	PT/A POST HEARING INPUT RECORD	BPO
HCFA-L365 (SH)	AUTOMOBILE LIABILITY INSURANCE	BPO
HCFA-383 (SH)	HOSPITAL INSURANCE CASE SUMMARY	BPO
HCFA-406 (SH)	PHYSICIANS AND SUPPLIERS OVERPAYMENTS RECOVERED	BPO
HCFA-411 (SH)	MEDICARE PROVIDER OVERPAYMENT CAUSE REPORT	BPO
HCFA-418 (BK)	BOCMIS INPUT RECORD	BPO
HCFA-420 (SH)	QUARTERLY EPSDT REPORT	BPO
HCFA-456 (SH)	INTERMEDIARY BENEFIT PAYMENT REPORT	BPO
HCFA-L457 (SH)	ACKNOWLEDGEMENT OF REQUEST FOR SMI TERMINATION	BPO
HCFA-L457-FC (SH)	MEDICARE INFORMATION	BPO
HCFA-L458 (SH)	ACKNOWLEDGEMENT OF REQ FOR HI TERMINATION	BPO
HCFA-484 (SH)	ATTENDING PHYSICIAN'S CERTIFICATION/HOME OXYGEN	BPO
HCFA-488 (C4)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	BPO

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

PAGE - 44

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-L564 (SH)	MEDICARE INFORMATION, SPECIAL ENROLLMENT PERIOD	BPO
HCFA-565 (SH)	MEDICARE QUALIFICATION STATEMENT FOR FED EMPLOYEES	BPO
HCFA-636 (U2)	TRANSMITTAL NOTICE HEARING CASE	BPO
HCFA-636-A (U3)	TRANSMITTAL NOTICE HEARING CASE	BPO
HCFA-L666 (SH)	MEDICARE BENEFIT INFORMATION	BPO
HCFA-L666-SP (SH)	INFORMACION DE BENEFICIOS	BPO
HCFA-700 (SH)	PLAN OF CARE/ASSESSMENT FOR OUT PATIENT REHAB	BPO
HCFA-701 (SH)	UPDATED PLAN OF CARE/PROGRESS	BPO
HCFA-702 (SH)	(OPTIONAL) UPDATED PROGRESS	BPO
HCFA-898-F (SH)	TITLE XIX QUARTERLY COMPLIANCE REPORT	BPO
HCFA-1066 (SH)	CONTRACTOR CONTROL OF ADMINISTRATIVE FUNDS	BPO
HCFA-1269 (SH)	PT B OVERPAYMENT IDENTIFICATION AND CONTROL	BPO
HCFA-1450-UB-82 (C5)	UNIFORM BILLING FORM 82	BPO
HCFA-1450-UB-82 (U5)	UNIFORM BILLING FORM 82	BPO
HCFA-1490-S SC (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	BPO
HCFA-1490-S SP (SH)	PETICION DEL PACIENTE PARA PAGOS DE MEDICARE	BPO



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR . . BPO

PAGE ~ 45

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1490-U (C2)	REQUEST FOR MEDICARE PAYMENT	BPO
HCFA-1490-U (U2)	REQUEST FOR MEDICARE PAYMENT BY ORGANIZATIONS	BPO
HCFA-1490-U (SH)	REQUEST FOR MEDICARE PAYMENT	BPO
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO
HCFA-1500 (C2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500 (C1)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500 (U2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500 (SH)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500-PR (U2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500-SC (U2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500-SC (SH)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500-SC (C2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1521 (SH)	CONTRACTOR DRAWS ON LETTER OF CREDIT	BPO
HCFA-1522 (SH)	MONTHLY CONTRACTOR FINANCIAL REPORT	BPO

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

PAGE - 46

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1523 (SH)	ADMINISTRATIVE BUDGET & COST REPORT	BPO
HCFA-1523-A (SH)	PART/A SCHEDULE OF PI'S & OTHER	BPO
HCFA-1523-B (SH)	PART/A SCHEDULE OF CREDITS, EDP & OVERHEAD	BPO
HCFA-1523-C (SH)	SCHEDULE OF APPEALS	BPO
HCFA-1523-D (SH)	PART/A SCHEDULE OF MSP COSTS	BPO
HCFA-1523-E (SH)	PART/A SCHEDULE OF MR COSTS	BPO
HCFA-1524 (SH)	PART/B ADMINISTRATIVE BUDGET & COST REPORT	BPO
HCFA-1524-A (SH)	PART/B SCHEDULE OF PI'S & OTHER	BPO
HCFA-1524-B (SH)	PART/B SCHEDULE OF CREDITS, EDP & OVERHEAD	BPO
HCFA-1524-C (SH)	SCHEDULE OF APPEALS	BPO
HCFA-1524-D (SH)	PART/B SCHEDULE OF MSP COSTS	BPO
HCFA-1524-E (SH)	PART/B SCHEDULE OF MR COSTS	BPO
HCFA-1525 (SH)	CONTRACTOR AUDITING & SETTLEMENT REPORT	BPO
HCFA-1525-A (SH)	CONTRACTOR AUDITING & SETTLEMENT REPORT	BPO
HCFA-1527 (SH)	QUARTERLY ADJUSTMENT OF TIME ACCOUNTS	BPO
HCFA-1527-A (SH)	BANK PROCESSING CHARGES-QUARTERLY	BPO

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1527-B (SH)	BANK PROCESSING CHARGES-MONTHLY	BPO
HCFA-1527-C (SH)	RECAP OF DAILY AVAILABLE BALANCES	BPO
HCFA-1528 (SH)	BUDGET DISTRIBUTION PART/A	BPO
HCFA-1529 (SH)	BUDGET DISTRIBUTION PART/B	BPO
HCFA-1530 (SH)	AUDIT PRIORITY MATRIX	BPO
HCFA-1531 (SH)	PROVIDER REIMBURSEMENT PROFILE	BPO
HCFA-1531-A (SH)	SCHEDULE OF PROVIDERS SERVICED	BPO
HCFA-1563 (SH)	MONTHLY PT/A RPT ON MEDICARE SECONDARY PAYER SAVINGS	BPO
HCFA-1564 (SH)	MONTHLY PT/B RPT ON MEDICARE SECONDARY PAYER SAVINGS	BPO
HCFA-1565 (SH)	MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	BPO
HCFA-1580 (SH)	AMENDMENT OF CONTRACT	BPO
HCFA-1585-1585-A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT(ODO)	BPO
HCFA-1585-1585-A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT (DIO)	BPO
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD (ODO)	BPO
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD (DIO)	BPO
HCFA-1590-TR (SH)	ADVANCE NOTICE OF RECOUPMENT OF BACK SMI PREMIUMS	BPO

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

PAGE - 48

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1591-TR (SH)	NOTICE OF RECOUPMENT	BPO
HCFA-1592 (SH)	SMI PREMIUM ACCOUNTING CARD	BPO
HCFA-1600 (U3)	REQUEST FOR CLAIM NUMBER	BPO
HCFA-L1601 (SH)	STATE PART/A QMB GROUP PAYER ACCRETION LETTER	BPO
HCFA-L1614-TR (SH)	MEDICARE NOTICE	BPO
HCFA-L1617 (SH)	STATE PT/A QMB GROUP PAYER DELETION LETTER	BPO
HCFA-L1626 (C1)	MEDICARE NOTICE	BPO
HCFA-L1636-TR (C1)	MEDICARE NOTICE	BPO
HCFA-1667 (CD)	NOTICE OF REFUND OF INSURANCE PREMIUM	BPO
HCFA-1696 (U4)	APPOINTMENT OF REPRESENTATIVE	BPO
HCFA-1763 (SH)	RQST FOR TERMINATION OF PREMIUM HI/SMI	BPO
HCFA-1771 (SH)	PHYSICIAN STMT & DOCUMENTATION OF EMERGENCY	BPO
HCFA-1841 (SH)	CERTIFICATION OF TRUE COPY	BPO
HCFA-1841-A (SH)	CERTIFICATION OF TRUE COPY	BPO
HCFA-1885-A (SH)	PROVIDER CHAIN OPERATOR DATA	BPO
HCFA-L1900 (SH)	STATE PART/A QMB GROUP PAYER LIMITED COVERAGE LETTER	BPO



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

PAGE - 49

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-L1907 (TR)	MEDICARE NOTICE	BPO
HCFA-1929 (SH)	HEALTH PREPAYMENT CODING SHEET	BPO
HCFA-1937 (SH)	REQUEST FOR TELETYPE MESSAGE	BPO
HCFA-1938 (U2)	SSO REQUEST FOR CARRIER OR INTERMEDIARY ASSISTANCE	BPO
HCFA-1954 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	BPO
HCFA-1954 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	BPO
HCFA-1955 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	BPO
HCFA-1955 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	BPO
HCFA-1957 (U3)	SOCIAL SECURITY RPT OF STATE BUY-IN PROBLEM	BPO
HCFA-1960 (SH)	REQUEST FOR EVIDENCE OF MEDICAL NECESSITY	BPO
HCFA-1966--PR (CD)	HEALTH INSURANCE CARD	BPO
HCFA-1980 (U3)	CARRIER OR INTERMEDIARY REQUEST FOR SSO ASSIST	BPO
HCFA-2007 (U5)	PROVIDER TIE IN NOTICE	BPO
HCFA-2174 (SH)	QUARTERLY REPORT OF CARRIER OVERPAYMENT	BPO
HCFA-2178 (U4)	HIB/SMIB PROBLEM REFERRAL	BPO
HCFA-2242 (SH)	CLAIMS WORKLOAD	BPO

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

PAGE - 50

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2327 (U2)	RQST FOR EVIDENCE FOR ASSISTANCE OVERPAYMENT	BPO
HCFA-2384 (U2)	THIRD PARTY PREMIUM BILLING REQUEST	BPO
HCFA-2467 (SH)	RQST FOR HIMBRSSR INFORMATION OR HI CARD	BPO
HCFA-2501 (U4)	RECONSIDERATION DETERMINATION	BPO
HCFA-2554 (SH)	BUDGET DISTRIBUTION PLAN OF EXPENDITURE	BPO
HCFA-2580 (SH)	COST CLASSIFICATION REPORT	BPO
HCFA-2589 (LB)	HI MAGNETIC TAPE LABEL	BPO
HCFA-2590 (SH)	CARRIER APPEAL REPORT	BPO
HCFA-2628 (SH)	FOREIGN HI CLAIM ACCESSIBILITY	BPO
HCFA-2649 (U2)	REQUEST FOR RECONSIDERATION PART/A	BPO
HCFA-2653-2653A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	BPO
HCFA-2654-2654A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	BPO
HCFA-2687 (C1)	NOTICE OF MEDICARE ENROLLMENT	BPO
HCFA-2688-2688A (C1)	NOTICE/RECORD TERMINATION HIB	BPO
HCFA-2690 (CD)	REQUEST FOR CANCELLATION OF SMI	BPO
HCFA-2728 (U4)	CHRONIC RENAL DISEASE MEDICAL EVIDENCE	BPO

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BPO

PAGE - 51

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2891 (SH)	CRITICAL CASE REFERRAL	BPO
HCFA-3043 (BK)	MONTHLY CONTRACTOR FINANCIAL REPORT	BPO
HCFA-3058 (SH)	MONTHLY PERIODIC INTERIM PAYMENT REPORT	BPO
HCFA-3080 (U3)	PROVIDER OVERPAYMENT CAST TRANSMITTAL	BPO
HCFA-3274 (SH)	CORRECTION INPUT DATA	BPO
HCFA-3345 (SH)	TRANSMITTAL FOR INCOMPLETE SMI ENROLLMENT	BPO
HCFA-3361 (SH)	HEALTH PREPAYMENT PLAN TRANSMITTAL	BPO
HCFA-3444 (SH)	OPTIONAL DATE CARD LOADSHEET	BPO
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	BPO
HCFA-3510 (SH)	HEALTH INSURANCE CASE FOLDER (HCFA)	BPO
HCFA-4040 (SH)	REQUEST FOR ENROLLMENT IN SMI	BPO
HCFA-4040-SP (SH)	REQUEST FOR ENROLLMENT IN SMI	BPO
HCFA-L4200 (SH)	MEDICARE NOTICE	BPO
FMS5401 (U4)	PAYMENT VOUCHER ON LETTER OF CREDIT	BPO
HCFA-8063 (SH)	INTERNAL TEMPORARY HI RECORD	BPO

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BQC

PAGE - 52

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-41 (SH)	QUARTERLY SHOWING	BQC
HCFA-L151 (C1)	GRANT AWARDS LETTER	BQC
HCFA-185 (SH)	EPSDT QC DATA RETRIEVAL WORKSHEET	BQC
HCFA-186 (SH)	EPSDT ADMINISTRATIVE INFORMATION REVIEW SCHEDULE	BQC
HCFA-187 (SH)	EPSDT SERVICES REVIEW SCHEDULE	BQC
HCFA-224 (SH)	HOSPITAL CREP INTERMEDIARY EVALUATION	BQC
HCFA-225 (SH)	HOSPITAL CREP PROVIDER SUMMARY	BQC
HCFA-226 (SH)	EVALUATION QUESTIONNAIRE RESULTS	BQC
HCFA-227 (SH)	HOSPITAL COST REPORT OVERVIEW	BQC
HCFA-228 (SH)	HOSPITAL BASED HHA COST REPORT OVERVIEW	BQC
HCFA-229 (SH)	HOSPITAL CREP REPORT OF FINDINGS	BQC
HCFA-301-A (BK)	MQC FACE SHEET	BQC
HCFA-302 (SH)	MEDICAID QC RPTS, HCFA-302 THRU 312	BQC
HCFA-313 (BK)	MEDICAID QC FEDERAL MONITORING SCHEDULE	BQC
HCFA-316 (SE)	WORKSHEET FOR INTEGRATED AFDC	BQC
HCFA-319 (SH)	STATE MEDICAID QC SAMPLE	BQC



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. BQC

PAGE - 53

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-331 (SH)	CLAIMS PROCESSING ASSESSMENT SYSTEM REVIEW SCHEDULE	BQC
HCFA-464 (BK)	MEDICAID STATE AGENCY THIRD PARTY LIABILITY INVENTORY	BQC
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC
HCFA-2799 (SH)	REVIEW DATE CARD LOADSHEET	BQC
HCFA-2803 (SH)	ANALYSIS DATE CARD LOADSHEET	BQC
HCFA-3177 (CD)	CREDENTIAL CARD	BQC
HCFA-4641 (SH)	AUTHORIZATION TO OBTAIN PERSONAL INFORMATION	BQC

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. DMOS

SPONSORING  
OFFICE

DMOS

TITLE

YOUR HIB/SMIB PROBLEM REFERRAL

FORM NUMBER

HCFA-366 (SH)

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. HSQB

PAGE - 55

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-29 (U4)	REQUEST TO ESTABLISH ELIGIBILITY	HSQB
HCFA-30 (BK)	RURAL HEALTH CLINIC SURVEY	HSQB
HCFA-35 (C3)	LABORATORY FEE REMITTANCE	HSQB
HCFA-36 (U3)	CONSENT FOR HOME VISIT	HSQB
HCFA-132 (BK)	SURVEYOR INVENTORY MARCH 1983	HSQB
HCFA-197 (SH)	LICENSURE RECOMMENDATION CLIA	HSQB
HCFA-198 (U4)	REQUEST FOR CLIA LABORATORY INSPECTION	HSQB
HCFA-200 (U2)	APPLICATION FOR INITIAL OR RENEWAL OF EXEMPTION	HSQB
HCFA-201 (SH)	APPLICATION FOR RENEWAL OF LICENSE	HSQB
HCFA-202 (U2)	APPLICATION UNDER CLINICAL LAB, ACT 67	HSQB
HCFA-203 (SH)	SERVICES OFFERED IN INTERSTATE COMMERCE	HSQB
HCFA-206 (SH)	APPLICATION FOR LICENSURE UNDER CLIA, ACT 67	HSQB
HCFA-209 (U2)	LABORATORY PERSONNEL REPORT	HSQB
HCFA-211 (SH)	CLINICAL LABORATORIES LICENSE	HSQB
HCFA-262 (U5)	RQST TO ESTABLISH ELIG IN MEDICARE AS PT	HSQB
HCFA-282 (BK)	BLOOD BANK INSPECTION CHECKLIST & REPORT	HSQB

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. HSQB

PAGE - 56

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-359 (U4)	CORF REQUEST FOR CERTIFICATION	HSQB
HCFA-360 (BK)	CORF SURVEY REPORT	HSQB
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	HSQB
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	HSQB
HCFA-377 (U4)	AMBULATORY SURGICAL CENTER REQUEST	HSQB
HCFA-378 (BK)	AMBULATORY SURGICAL CENTER SURVEY REPORT	HSQB
HCFA-381 (SH)	IDENTIFICATION OF EXTENSION UNITS	HSQB
HCFA-384 (SH)	PSRO CASE SUMMARY	HSQB
HCFA-417 (U5)	HOSPICE REQUEST FOR CERTIFICATION IN MEDICARE	HSQB
HCFA-422 (SH)	EVALUATION OF TRAINING PROGRAM	HSQB
HCFA-423 (SH)	SURVEYOR PARTICIPANT REACTION SHEET	HSQB
HCFA-434 (SH)	CERTIFICATION WORKLOAD REPORT FORM	HSQB
HCFA-435 (SH)	CERTIFICATION BUDGET EXPENDITURE REPORT FORM	HSQB
HCFA-437 (BK)	PSYCHIATRIC UNIT CRITERIA WORKSHEET	HSQB
HCFA-437-A (BK)	REHAB HOSPITAL & UNIT CRITERIA WORKSHEET	HSQB
HCFA-437-B (SH)	DRUG ALCOHOL HOSPITALS & DRUG ALCOHOL UNIT	HSQB

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. HSQB

PAGE - 57

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-449 (BK)	HOSPICE SURVEY REPORT	HSQB
HCFA-462 (U2)	ADVERSE ACTION EXTRACT	HSQB
HCFA-485 (C4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	HSQB
HCFA-485 (U4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	HSQB
HCFA-486 (C3)	MEDICAL UPDATE & PATIENT INFORMATION	HSQB
HCFA-486 (U3)	MEDICAL UPDATE & PATIENT INFORMATION	HSQB
HCFA-487 (C4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	HSQB
HCFA-487 (U4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	HSQB
HCFA-488 (U2)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	HSQB
HCFA-525 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	HSQB
HCFA-534 (SH)	FEDERAL SURVEY DATA EXTRACT SHEET	HSQB
HCFA-538 (SH)	SURVEYOR CHARACTERISTICS AND TRAINING QUESTIONNAIRE	HSQB
HCFA-562 (U4)	MEDICARE/MEDICAID COMPLAINT FORM	HSQB
HCFA-576 (U3)	APPLICATION FOR ORGAN PROCUREMENT	HSQB
HCFA-576-A (SH)	AGREEMENT NOTICE FOR HCFA-576	HSQB
HCFA-618 (BK)	PRO BUDGET AND COST REPORT SUMMARY	HSQB



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. HSQB

PAGE - 58

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-670 (BK)	SURVEY TEAM COMPOSITION AND WORKLOAD REPORT	HSQB
HCFA-671 (BK)	SNF/ICF APPLICATION FOR MEDICARE & MEDICAID	HSQB
HCFA-672 (BK)	RESIDENT CENSUS AND CONDITIONS OF RESIDENTS	HSQB
HCFA-673 (BK)	EXTENDED SURVEY JUSTIFICATION WORKSHEET	HSQB
HCFA-674 (SH)	RESIDENTS RIGHTS & QUALITY OF LIFE	HSQB
HCFA-675 (BK)	RESIDENT RIGHTS/QUALITY OF LIFE: INTERVIEW GUIDE	HSQB
HCFA-676 (SH)	QUALITY OF CARE ASSESSMENT WORKSHEET	HSQB
HCFA-677 (BK)	MEDICATION PASS WORKSHEET	HSQB
HCFA-678 (SH)	ENVIRONMENT QUALITY ASSESSMENT UNIT WORKSHEET	HSQB
HCFA-679-A (SH)	DIETARY SERVICES SYSTEM WORKSHEET	HSQB
HCFA-679-B (SH)	DIETARY SERVICES SYSTEM WORKSHEET, DINNING AREA	HSQB
HCFA-680 (SH)	CLOSED RECORDS DISCHARGE REVIEW WORKSHEET	HSQB
HCFA-681 (SH)	SURVEYOR NOTES WORKSHEET	HSQB
HCFA-681 (SH)	SURVEYOR NOTES WORKSHEET	HSQB
HCFA-682 (SH)	RESIDENT ROSTER	HSQB
HCFA-683 (SH)	LONG TERM CARE FACILITY OBSERVATIONS	HSQB

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. HSQB

PAGE - 59

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1465 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	HSQB
HCFA-1465-A (SH)	STATE AGENCY BUDGET LIST OF POSITIONS	HSQB
HCFA-1467 (SH)	STATE SURVEY AGENCY BUDGET NOTICE OF APPROVAL	HSQB
HCFA-1469 (SH)	FINANCIAL ACCOUNTABILITY STATEMENT	HSQB
HCFA-1469-A (SH)	STATE SURVEY QUARTERLY EXPENDITURE REPORT	HSQB
HCFA-1513 (U5)	OWNERSHIP & CONTROL INTEREST DISCLOSURE STATEMENT	HSQB
HCFA-1514 (U5)	HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	HSQB
HCFA-1515-A (SH)	HHA FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE/A	HSQB
HCFA-1515-B (SH)	HHA FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE/B	HSQB
HCFA-1515-C (SH)	HHA FUNCTIONAL ASSESSMENT MODULE C: HOME VISIT	HSQB
HCFA-1515-D (SH)	HHA FUNCTIONAL ASSESSMENT PATIENT CARE: MODULE/D	HSQB
HCFA-1515-E (SH)	HHA FUNCTION & CARE SUMMARY: MODULE/E	HSQB
HCFA-1515-F (SH)	CALENDAR WORKSHEET-PROSCRIBED VISITS	HSQB
HCFA-1516 (U5)	LONG TERM CARE FACILITY REQUEST FOR CERTIFICATION	HSQB
HCFA-1537 (BK)	HOSPITAL SURVEY REPORT	HSQB
HCFA-1537-A (BK)	MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY REPORT	HSQB

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. HSQB

PAGE - - 60

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1537-C (BK)	HOSPITAL PROVIDER OF LTC (SWING-BED) REPORT	HSQB
HCFA-1539 (U5)	MEDICARE/MEDICAID CERTIFICATION & TRANSMITTAL	HSQB
HCFA-1539-A (U2)	CERTIFICATION AND TRANSMITTAL SPELL OF ILLNESS	HSQB
HCFA-1540 (U2)	MEDICARE ESRD CERTIFICATION TRANSMITTAL	HSQB
HCFA-1557 (BK)	CLINICAL LAB SURVEY REPORT	HSQB
HCFA-1561 (SH)	HEALTH INSURANCE BENEFIT AGREEMENT	HSQB
HCFA-1572 (BK)	HHA SURVEY & DEFICIENCIES REPORT	HSQB
HCFA-1666 (SH)	R/O RQST FOR ADDITIONAL INFORMATION	HSQB
HCFA-1856 (U5)	RQST TO ESTABLISH ELIGIBILITY IN HI PROGRAM	HSQB
HCFA-1880 (U4)	RQST FOR CERTIFICATION AS SUPPLIER OF SERVICES	HSQB
HCFA-1882 (BK)	PORTABLE XRAY SURVEY REPORT	HSQB
HCFA-1893 (BK)	OUTPATIENT PHYSICAL THERAPY SURVEY	HSQB
HCFA-1979 (U6)	CORRESPONDENCE CONTROL RECORD	HSQB
HCFA-2567 (U6)	STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION	HSQB
HCFA-2567-B (U6)	POST-CERTIFICATION REVISIT REPORT	HSQB
HCFA-2572 (SH)	STATEMENT OF FINANCIAL SOLVENCY	HSQB

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR . . HSQB

PAGE - 61

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2672 (SH)	AUTHORIZATION TO DISCLOSE AOA SURVEY	HSQB
HCFA-2786-F (BK)	FIRE SAFETY SURVEY REPORT 1981 CODE	HSQB
HCFA-2786-G (BK)	FIRE SMOKE ZONE EVALUATION WORKSHEET 1981 CODE	HSQB
HCFA-2786-H (BK)	FIRE SAFETY SURVEY REPORT AMBULATORY SURGICAL	HSQB
HCFA-2786-J (BK)	FIRE SAFETY SURVEY REPORT ICF/MR- SMALL FACILITIES	HSQB
HCFA-2786-K (BK)	FIRE SAFETY SURVEY RPT-ICF/MR LARGE FACILITIES	HSQB
HCFA-2786-L (BK)	FIRE SAFETY SURVEY RPT-ICF/MR APARTMENT BLDGS	HSQB
HCFA-2786-M (SH)	FIRE SAFETY RPT-ICF/MR RATING RESIDENTS	HSQB
HCFA-2786-P (BK)	FIRE SAFETY SURVEY REPORT, 1985 CODE	HSQB
HCFA-2786-Q (BK)	FIRE/SMOKE ZONE EVALUATION WORKSHEET	HSQB
HCFA-2802 (SH)	REQUEST FOR VALIDATION OF ACCREDITATION	HSQB
HCFA-2815 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	HSQB
HCFA-2824 (SH)	STATE SURVEY AGENCY QUARTERLY REPORT	HSQB
HCFA-2878 (SH)	ALLEGATIONS CONCERNING ACCREDITED HOSPITAL	HSQB
HCFA-3070-G (BK)	ICF/MR SURVEY REPORT FORM	HSQB
HCFA-3070-H (BK)	ICF/MR DEFICIENCIES REPORT	HSQB

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. HSQB

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-3070-1 (SH)	CLIENT OBSERVATION WORKSHEET	HSQB
HCFA-3083 (BK)	LAB PERSONNEL QUALIFICATION APPRAISAL	HSQB
HCFA-3402 (U4)	REQUEST FOR APPROVAL AS A SUPPLIER OF SERVICES	HSQB
HCFA-3427 (BK)	ESRD FACILITY SURVEY REPORT	HSQB
HCFA-3427-A (BK)	ESRD FACILITY SURVEY REPORT ADDENDUM	HSQB



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OA

PAGE - 63

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-57 (LB)	ADVISORY COUNCIL ON SOCIAL SECURITY	OA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OACT

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-475 (SH)	SURVEY OF PRIVATE HEALTH INSURANCE	OACT
HCFA-L476 (SH)	FOLLOWUP LTR TO SURVEY OF PRIVATE HEALTH PLANS	OACT
HCFA-2082-SUP (BK)	STAT RPT ON MEDICAL CARE:ELIGIBLES, RECIPIENTS, PAYMENTS	OACT

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - 65

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1 (SH)	REQUEST FOR FORMS ACTION	OBA
HCFA-2 (SH)	INFORMATION FOR CLEARANCE OF PUBLIC USE FORMS	OBA
HCFA-6 (U6)	NOTICE OF GRANT AWARD	OBA
HCFA-7 (CD)	APPLICATION ACKNOWLEDGEMENT RECORD	OBA
HCFA-8 (CD)	HCFA ANNUAL PASS	OBA
HCFA-9 (U4)	HCFA PROPERTY PASS	OBA
OF 11 (U3)	REFERENCE REQUEST FEDERAL RECORD CENTER	OBA
HCFA-14 (U4)	THIRD PARTY DRAFT & TICKET DELIVERY RECORD	OBA
HCFA-55 (LB)	HHS/HCFA MAILING LABEL	OBA
HCFA-56 (LB)	HCFA MAILING LABEL	OBA
HCFA-70 (CD)	PERSONNEL FOLDER CHARGE-OUT CARD	OBA
HCFA-76 (PC)	CHANGE OF ADDRESS POSTCARD	OBA
HCFA-76-A (PC)	CHANGE OF ADDRESS CARD	OBA
HCFA-79 (U2)	HCFA TRAINING EVALUATION FORM	OBA
HCFA-113 (CD)	QUARTERLY PIP REPORT CONTROL CARD	OBA
HCFA-128 (SH)	RECORD OF EXIT INTERVIEW	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - 66

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-129 (SH)	EMPLOYEE CLEARANCE & ACCOUNTABILITY FORM	OBA
HCFA-133 (SH)	GRANT CONTROL LEDGER	OBA
SF 135 (SH)	RECORDS TRANSMITTAL & RECEIPT	OBA
SF 135-A (SH)	RECORDS TRANSMITTAL RECEIPT	OBA
HCFA-139 (SH)	TELEPHONE SERVICE REQUEST	OBA
HCFA-144 (U7)	FACILITIES MODIFICATION REQUEST	OBA
HCFA-145 (SH)	APPLICATION FOR GOVERNMENT ID CARD	OBA
SF 148 (U8)	ORDER FOR SUPPLIES/SERVICES SCHEDULE CONTINUATION	OBA
HCFA-150 (U3)	SUSPENSE NOTICE	OBA
HCFA-L151 (SH)	GRANT AWARDS LETTER	OBA
HCFA-L154 (SH)	REQUEST FOR MEDICARE PREMIUM PAYMENT	OBA
HCFA-158 (U4)	CONFERENCE ROOM RESERVATION REQUEST	OBA
HCFA-160 (U4)	APPLICATION FOR SPECIAL WOODLAWN PARKING	OBA
HCFA-162 (SH)	BUREAU DIRECTORS CITATION	OBA
HCFA-165 (U4)	REQUEST FOR SECURITY ARRANGEMENTS	OBA
HCFA-166 (SH)	CONTRACTOR/VENDOR ROLODEX FILE	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - - 67

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-171 (SH)	RECOMMENDATION FOR CASH AWARD	OBA
HCFA-182 (SH)	APPLICATION FOR PARKING	OBA
HCFA-182-A (SH)	PRIVACY ACT STATEMENT FOR PARKING APPLICATION	OBA
SF 215 (U5)	DEPOSIT TICKET	OBA
HCFA-219 (SH)	EMPLOYEE REPORT OF FOOD SERVICE	OBA
HCFA-220 (SH)	MOTOR VEHICLE TRIP TICKET	OBA
HCFA-230 (TC)	REIMBURSEABLE TIMECARD	OBA
HCFA-244 (U3)	GRANTS MONITORING STATEMENT	OBA
HCFA-260 (SH)	REQUEST FOR REPLACEMENT OF HIMBEX CARD	OBA
HCFA-264 (U3)	RQST FOR PSC ACTION MEDICARE - CS CASE	OBA
HCFA-277 (U2)	REQUEST FOR GRAPHICS SERVICES	OBA
HCFA-283 (U3)	PACKAGING & DISTRIBUTION TRANSMITTAL	OBA
HCFA-297 (U4)	DEPOSIT VOUCHER RECEIPT	OBA
HCFA-300 (U3)	REQUEST AND AUTHORIZATION FOR OVERTIME	OBA
HCFA-323 (U3)	TELEPHONE SERVICE ORDER	OBA
HCFA-L325 (SH)	RECORDS TRANSMITTAL	OBA



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - 68

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-329 (SH)	EMPLOYEE LOCATOR AND TELEPHONE DIRECTORY	OBA
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	OBA
HCFA-340 (U3)	MONEY CONTROL RECORD	OBA
HCFA-L342 (SH)	QUERY HISTORY REPLY	OBA
HCFA-347 (U2)	REQUEST FOR DESK TO DESK DISTRIBUTION	OBA
HCFA-358 (SH)	APPLICANT RATING SHEET	OBA
HCFA-361 (CD)	BLOOD ASSURANCE INFORMATION CARD	OBA
HCFA-362 (CD)	STOCK REPLENISHMENT CARD	OBA
HCFA-363 (U2)	ADJUSTMENTS TO COOLWHIP	OBA
HCFA-364 (CD)	SERIAL NO. REGISTER & MAINTENANCE RECORD	OBA
HCFA-L366	YOUR INQUIRY ABOUT CLAIM RELATED HI/SMI	OBA
HCFA-369 (CD)	MAILING LIST REVIEW RESPONSE CARD	OBA
HCFA-373 (SH)	ADDENDUM TO SF 171	OBA
HCFA-374 (U4)	STATUS OF STAFFING ACTION	OBA
HCFA-385 (SH)	TRAINING EVALUATION	OBA
HCFA-L389 (SH)	ADJUSTMENT ACTION REQUEST	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - 69

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-391 (U3)	BENEFICIARY CORRESPONDENCE CONTROL SHEET	OBA
HCFA-394 (SH)	TYPING INSTRUCTIONS	OBA
HCFA-400 (U6)	PRINTING SERVICES REQUISITION	OBA
HCFA-402 (U2)	REQUEST FOR HCFA MOVERS SERVICES	OBA
HCFA-404 (SH)	HCFA CONFERENCE PLAN	OBA
HCFA-405 (SH)	RQST FOR RPLCMT OF UTILIZATION NOTICE/HI CARD	OBA
HCFA-407 (SH)	HCFA CONFERENCE END-OF-YEAR REPORT	OBA
HCFA-419 (SH)	PERFORMANCE APPRAISAL WORKPLAN SUMMARY	OBA
HCFA-419-A (SH)	PERFORMANCE APPRAISAL WORKPLAN	OBA
HCFA-419-B (SH)	PERFORMANCE APPRAISAL WORKSHEET	OBA
HCFA-419-C (SH)	PROGRESS REVIEW CHART	OBA
HCFA-421 (SH)	FORMS ACTION LOG	OBA
HCFA-424 (SH)	REQUEST FOR ADJUSTMENT OF SECONDARY PAYOR	OBA
HCFA-428 (SH)	REQ FOR SPECIAL BATCH NOTICES	OBA
HCFA-432 (U10)	ORDER FOR SUPPLIES OR SERVICES	OBA
HCFA-432 (SH)	REQUEST FOR SUPPLIES OR SERVICES	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - - 70

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-433 (U8)	ORDER FOR SUPPLIES OR SERVICES CONTINUATION	OBA
HCFA-436 (SH)	NON-MERIT PAY APPLICANT RATING SHEET	OBA
HCFA-438 (SH)	DAILY TIME & ATTENDANCE ROSTER	OBA
HCFA-439 (U4)	REQUEST FOR GOVERNMENT BILL OF LADING	OBA
HCFA-440 (SH)	ENTREX HIPO MBR BCM DATA ENTRY REQUEST	OBA
HHS 441 (SH)	ASSURANCE OF COMPLIANCE	OBA
HHS 441-A (SH)	EXPLANATION OF HHS-441 (INSTRUCTIONS)	OBA
HCFA-442 (SH)	GENERAL OBLIGATION LEDGER	OBA
HCFA-450 (SH)	CORRESPONDENCE ASSIGNMENT SHEET	OBA
HCFA-473 (CD)	METER READING CARD	OBA
HCFA-478 (SH)	REQ FOR CHANGE TO SCHEDULE OF ALLOCATED POSITIONS	OBA
HCFA-479 (U3)	REQUEST FOR CARD KEY	OBA
HCFA-499 (SH)	HCFA PERFORMANCE APPRAISAL SUMMARY DATA	OBA
HCFA-499-A (SH)	DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	OBA
HCFA-499-B (SH)	HCFA EPMS PERFORMANCE PLAN, PROGRESS REVIEW/RATING	OBA
HHS 508 (SH)	CONFERENCE AND CALL RECORD	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR . . OBA

PAGE - 71

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-530 (SH)	MBCCS FINDER PRINTOUT REQUEST	OBA
HCFA-532 (CD)	SIGNATURE CARD FOR DEPARTMENT SEAL	OBA
HCFA-533 (SH)	CONTRACTOR INVENTORY OF MEDICARE FORMS	OBA
HCFA-535 (SH)	LABEL REQUEST	OBA
HCFA-542 (U2)	VISITOR PARKING PERMITS	OBA
HCFA-559 (U2)	PROVIDER TIE-IN NOTICE	OBA
HCFA-560 (U3)	PRINTING ACTIVITY CHECKSHEET	OBA
HCFA-561 (SH)	ROUTINE BUILDING INSPECTION REPORT	OBA
HCFA-597 (SH)	ALJ HEARING FACT SHEET PART 2, CLAIM DENIAL	OBA
HCFA-598 (SH)	ALJ HEARING REQUEST LOG	OBA
HCFA-599 (SH)	EXAMPLE ALJ HEARING EXHIBIT LIST	OBA
HCFA-600 (SH)	REASONABLE CHARGE RECORD	OBA
HCFA-601 (SH)	PROFESSIONAL QUALIFICATIONS	OBA
HCFA-L913 (SH)	INABILITY TO PROCESS ACCRETION	OBA
HCFA-L1001 (SH)	NOTIFICATION OF INTERNAL ADJUSTMENTS	OBA
HCFA-1042 (SH)	REQ FOR DISTRIBUTION OF MANUALS, FORMS & PUBLICATIONS	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - 72

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1099-MISC (C3)	MISCELLANEOUS INCOME	OBA
HCFA-1118 (SH)	TASK LIST FOR WORK DISTRIBUTION	OBA
HCFA-1119 (SH)	ACTIVITY LIST FOR WORK DISTRIBUTION	OBA
HCFA-1215 (CD)	COST REPORT CONTROL	OBA
HCFA-1325 (SH)	CHECK DEPOSIT VOUCHER THIRD PARTY MEDICARE	OBA
HCFA-1349 (SH)	REQUEST FOR REFERENCE TO HI RECORDS	OBA
HCFA-1363 (SH)	REQUEST FOR ADJUSTMENT OF HI UTILIZATION	OBA
HCFA-1364 (SH)	REQUEST FOR ADJUSTMENT OF HI ENTITLEMENT	OBA
HCFA-1506 (SH)	PART B SCOUT SHEET	OBA
HCFA-L1573 (U3)	MEDICAL INSURANCE PREMIUMS RECEIVED & DEPOSITED	OBA
HCFA-1593 (SH)	HCFA AIS CLEARANCE REQUEST	OBA
HCFA-1605 (SH)	MBR BCM PRINTOUT REQUEST	OBA
HCFA-1607 (SH)	HEALTH INSURANCE PRINTOUT LOCATOR CARDS	OBA
HCFA-1664 (SH)	RQST FOR NAME & SEX CORRECTION OF HI RECORD	OBA
HCFA-1686 (SH)	REFERENCE MATERIAL REQUESTS	OBA
HCFA-1705 (SH)	ADJUSTMENT FORM FOR INPATIENT HOSPITAL & SNF BILLS	OBA



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR . . OBA

PAGE - 73

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1706 (SH)	ADJUSTMENT FORM FOR CHRISTIAN SCIENCE BILLS	OBA
HCFA-1707 (SH)	ADJUSTMENT FORM FOR HOME HEALTH BILLS	OBA
HCFA-1723 (SH)	FLOW PROCESS CHART	OBA
HCFA-1724 (SH)	WORK DISTRIBUTION CHART	OBA
HCFA-1725 (SH)	MEDICARE PROBLEM REFERRAL	OBA
HCFA-1760 (SH)	HCFA MAILING LIST ACCRETION	OBA
HCFA-1761 (SH)	TRANSMITTAL FOR FORWARDING HI BILLS	OBA
HCFA-1767 (SH)	RQST FOR DO. ASSIST STATE BUY-IN VERIFICATION	OBA
HCFA-1777 (SH)	REQUEST FOR REPLACEMENT OF HCFA-1778	OBA
HCFA-1793 (SH)	CHECKLIST OF AIS TRANSMITTALS	OBA
HCFA-1794 (SH)	CHECKLIST OF HANDBOOK TRANSMITTALS	OBA
HCFA-1819 (SH)	REQUEST FOR THIRD PARTY BILLING	OBA
HCFA-1820 (SH)	REQUEST FOR ADJUSTMENT OF TP MASTER	OBA
HCFA-1858 (SH)	DISPOSITION NOTICE THIRD PARTY CASE	OBA
HCFA-1883 (SH)	REQUEST FOR TP HISTORY INSERTION	OBA
HCFA-1884 (SH)	CORRESPONDENCE SCOUTING REQUEST	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - 74

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1899 (U2)	REQUEST FOR PSC THIRD PARTY ACTION	OBA
HCFA-1945 (SH)	HCFA CORRESPONDENCE CONTROL SHEET	OBA
HCFA-1961 (SH)	HCFA FORMS ORDER	OBA
HCFA-1962 (U3)	ASSIGNMENT CONTROL AND EVALUATION RECORD	OBA
HCFA-1978 (U4)	STOCK REPLENISHMENT NOTICE	OBA
HCFA-1985 (SH)	REQUEST FOR ADJUSTMENT OF HOSPICE RECORD	OBA
HCFA-2021 (SH)	HCFA RECORD SPECIFICATION	OBA
HCFA-2022 (SH)	HCFA RECORD FORMAT	OBA
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	OBA
HCFA-2048 (U5)	HCFA GRIEVANCE FORM	OBA
HCFA-2109 (SH)	REQUEST FOR CLAIM NUMBER	OBA
HCFA-2143 (U2)	FOLLOWUP TO MEDICARE PROVIDERS	OBA
HCFA-2176 (U2)	QUERY HISTORY REPORT	OBA
HCFA-2181-TR (SH)	NOTICE OF INTERMEDIARY HI BILL BATCH STATUS	OBA
HCFA-2318 (SH)	REVIEW CONTROL	OBA
HCFA-2373 (SH)	REPLY TO PAYMENT RECORD CORRESPONDENCE	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - 75

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2416 (SH)	THIRD PARTY CODE 42 DELEGATION RECORD	OBA
HCFA-2423 (SH)	THIRD PARTY PAYMENT AND ADJUSTMENT RECORD	OBA
HCFA-2592 (U4)	MEMORANDUM RECEIPT	OBA
HCFA-2729 (U3)	LONG SUPPLY/INSUFFICIENT ACTIVITY REPORT	OBA
HCFA-2771 (SH)	STUFFER TO RETURN OR REPLACE LOST HI CARDS	OBA
HCFA-2782 (U2)	REQUEST FOR ENTRY OF AN ITEM INTO SUPPLY SYSTEM	OBA
HCFA-2816 (U2)	DEPOSIT VOUCHER INDIVIDUAL PREMIUM PAYMENT	OBA
HCFA-2829 (SH)	MASTER TRANSMITTAL CONTROL RECORD	OBA
HCFA-2943 (SH)	REQUEST FOR CORRECTION OF HI MASTER RECORD	OBA
HCFA-3014 (SH)	REQUEST FOR CREATION OF HI MASTER RECORD	OBA
HCFA-3015 (U2)	DMOS QUALITY REVIEW RECORD	OBA
HCFA-3024 (SH)	WORK EXPERIENCE REPORT	OBA
HCFA-3150 (U5)	OFFICE OF ADMINISTRATIVE SYSTEMS REQUEST	OBA
HCFA-3150-A (SH)	ESTIMATED RESOURCE WORKSHEET	OBA
HCFA-3151 (U4)	OFFICE OF ADMINISTRATIVE SYSTEMS BUDGET WORKSHOP	OBA
HCFA-3470 (SH)	FIS DATA ENTRY CODING SHEET	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OBA

PAGE - 76

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-3518 (SH)	HI/MBR INTERCHANGE	OBA
HCFA-3763 (SH)	BILL RETRIEVAL CANCEL ONLY	OBA
HCFA-3779 (U3)	ELECTRONIC DATA PROCESSING	OBA
HCFA-3851 (U3)	REQUEST FOR OPM ASSISTANCE MEDICARE PRE-BILL	OBA
HCFA-3892 (U3)	OUTLINE OF PROBLEM CASES	OBA
HCFA-3896 (SH)	CASE WORK SHEET	OBA
HCFA-4563 (SH)	THIRD PARTY MASTER REINSTATEMENT	OBA
HCFA-5058 (CD)	CORRESPONDENCE ACKNOWLEDGEMENT	OBA
HCFA-5082 (SH)	ACTIVITY HISTORY SHEET	OBA
HCFA-5082-A (SH)	HISTORY SHEET	OBA
HCFA-6029 (U6)	RECEIVING REPORT	OBA
HCFA-8013 (SH)	HI MBR/SSR DATA OR HI CARD REQUEST	OBA
HCFA-8330 (SH)	REQUEST FOR SSI JURISDICTION BUY-IN ACCRETION	OBA
HCFA-8331 (SH)	RQST FOR REPLACEMENT OF NOTICE OF UTILIZATION	OBA
HCFA-9735 (SH)	INTERMEDIARY WORKSHEET	OBA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR . . . OEO

PAGE - 77

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-168 (SH)	PROGRAM INSTRUCTIONS CLEARANCE TRANSMITTAL	OEO



HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OLP

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-410 (SH)	CONGRESSIONAL CONTACT REPORT	OLP

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OPA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-395 (CD)	FOIA CASE CARD	OPA
HHS632 (SH)	FREEDOM OF INFORMATION REQUEST	OPA
HCFA-633 (U4)	INVOICE OF FEES FOR FOIA SERVICES	OPA

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. OPHC

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-563 (LB)	MAILING LABELS	OPHC
HCFA-566 (SH)	HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLLMENT FORM	OPHC

HEALTH CARE FINANCING ADMINISTRATION  
FORMS INFORMATION SYSTEM (FIS)  
CATALOG OF FORMS FOR .. ORD

PAGE - 81

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-127 (U2)	REQUEST FOR MEDICARE PAYMENT	ORD
HCFA-127-A (U2)	TRANSMITTAL OF REQUESTS FOR MEDICARE PAYMENT	ORD
HCFA-127-C (C2)	REQUEST FOR MEDICARE PAYMENT	ORD
HCFA-392 (CD)	PROJECT STATUS RECORD	ORD
HCFA-472 (SH)	STATEMENT OF CUMULATIVE EXPEN FOR DEMO PROJECT	ORD
HCFA-502 (SH)	HCFA WAIVER COST ESTIMATES	ORD
HCFA-586 (SH)	APPLICATION KIT REQUEST FORM	ORD
HCFA-898 (SH)	STATE LISTING BY REGION	ORD
HCFA-1622 (C1)	NOTICE OF DECISION ON PT/B MEDICARE CLAIM	ORD
HCFA-1703 (SH)	IMAGER CODING FORMAT	ORD
HCFA-1807 (BK)	ANNUAL SURVEY INDEPENDENT HEALTH PLANS	ORD
HCFA-1963 (SH)	TASK ASSIGNMENT RECORD	ORD





# HCFA

## *Forms Information Catalog*

3

**OBSOLETE FORMS**

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HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

PAGE - 82

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-1 (SH)	REQUEST FOR FORMS ACTION	OBA	1990
HCFA-10-APG (SH)	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	OBA	1990
HCFA-10-APG (SH)	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	OBA	1990
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	BPO	1990
HCFA-27 (U3)	INDIVIDUAL PROPERTY RECEIPT	OBA	1990
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	BPO	1990
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	BPO	1990
HCFA-40-1966 (CD)	APPLICATION FOR ENROLLMENT IN SMI	BPO	1990
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	BPO	1990
HCFA-91 (SH)	HOSPITAL INTERIM RATE CHANGE REPORT	BPD	1990
HCFA-129 (SH)	EMPLOYEE CLEARANCE & ACCOUNTABILITY FORM	OBA	1991
HCFA-L151 (SH)	GRANT AWARD LETTER	BPO	1990
HCFA-209 (U2)	LABORATORY PERSONNEL REPORT	HSQB	1990
HCFA-296 (SH)	DOCUMENTATION OF MEDICAL RECORDS	OBA	1990
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	OBA	1989
HCFA-350 (SH)	REPORT ON PROVIDER PARTICIPATION IN MEDICAID	BPO	1990

HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

PAGE -- 83

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-L366 (SH)	HIB/SMIB PROBLEM REFERRAL	OBA	1990
HCFA-378 (BK)	AMBULATORY SURGICAL CENTER SURVEY REPORT	HSQB	1990
HCFA-382 (U4)	ESRD BENEFICIARY SELECTION	BPD	1990
HCFA-432 (U8)	ORDER FOR SUPPLIES OR SERVICES BENSON IMPRINT	OBA	1989
HCFA-432 (U8)	ORDER FOR SUPPLIES OR SERVICES BENSON IMPRINT	OBA	1989
HCFA-432-A (U8)	ORDER FOR SUPPLIES OR SERVICES	OBA	1991
HCFA-432-B (U10)	ORDER FOR SUPPLIES OR SERVICES	OBA	1991
HCFA-432-B (U8)	ORDER FOR SUPPLIES OR SERVICES BLANK ADDRESS	OBA	1989
HCFA-437 (BK)	PSYCHIATRIC UNIT CRITERIA WORKSHEET	HSQB	1990
HCFA-437-B (SH)	DRUG ALCOHOL HOSPITALS & DRUG ALCOHOL UNIT	HSQB	1990
HCFA-442 (SH)	GENERAL OBLIGATION LEDGER	OBA	1989
HCFA-452 (BK)	AMBULATORY SURGICAL CENTER PAYMENT RATE SURVEY	BPD	1990
HCFA-479 (U3)	REQUEST FOR CARD KEY	OBA	1991
HCFA-480 (U2)	PROCEDURE FOR USE OF CARD KEY ACCESS SYSTEM	OBA	1990
HCFA-483 (LB)	HI MAGNETIC TAPE LABEL UNIBILL	BPO	1990
HCFA-484 (SH)	ATTENDING PHYSICIAN'S CERTIFICATION/HOME OXYGEN	BPO	1990

HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

PAGE - 84

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-507 (U4)	COMMUNICATION MANAGEMENT SYSTEM DATA INPUT REPORT	BDMS	1990
HCFA-519 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/B	HSQB	1990
HCFA-519 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/B	HSQB	1990
HCFA-520 (SH)	RESIDENTS SELECTED FOR INDEPTH REVIEW	HSQB	1990
HCFA-521 (SH)	TOUR NOTES WORKSHEET	HSQB	1990
HCFA-521 (SH)	TOUR NOTES WORKSHEET	HSQB	1990
HCFA-522 (SH)	DRUG PASS WORKSHEET	HSQB	1990
HCFA-523 (SH)	DINING AREA & EATING ASSISTANCE WORKSHEET	HSQB	1990
HCFA-524 (SH)	OBSERVATION/INTERVIEW RECORD REVIEW WORKSHEET	HSQB	1990
HCFA-524 (SH)	OBSERVATION/INTERVIEW RECORD REVIEW WORKSHEET	HSQB	1990
HCFA-525 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	HSQB	1990
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC	1989
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC	1990
HCFA-539 (SH)	PROPERTY MANAGEMENT RECORD	OBA	1990
HCFA-560 (U2)	PRINTING ACTIVITY CHECK-LIST	OBA	1990
HCFA-562 (U4)	MEDICARE/MEDICAID COMPLAINT FORM	HSQB	1989



HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

PAGE - 85

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-562 (U4)	MEDICARE/MEDICAID COMPLAINT FORM	HSQB	1990
HCFA-565 (SH)	MEDICARE QUALIFICATION STATEMENT FOR FED EMPLOYEES	BPO	1990
HHS 632 (SH)	FREEDOM OF INFORMATION REQUEST	OPA	1990
HCFA-670 (BK)	SURVEY TEAM COMPOSITION AND WORKLOAD REPORT	HSQB	1990
HCFA-671 (BK)	SNF/ICF APPLICATION FOR MEDICARE & MEDICAID	HSQB	1990
HCFA-672 (BK)	RESIDENT CENSUS AND CONDITIONS OF RESIDENTS	HSQB	1990
HCFA-673 (BK)	EXTENDED SURVEY JUSTIFICATION WORKSHEET	HSQB	1990
HCFA-674 (SH)	RESIDENTS RIGHTS & QUALITY OF LIFE	HSQB	1990
HCFA-675 (BK)	RESIDENT RIGHTS/QUALITY OF LIFE: INTERVIEW GUIDE	HSQB	1990
HCFA-676 (SH)	QUALITY OF CARE ASSESSMENT WORKSHEET	HSQB	1990
HCFA-677 (BK)	MEDICATION PASS WORKSHEET	HSQB	1990
HCFA-678 (SH)	ENVIRONMENT QUALITY ASSESSMENT UNIT WORKSHEET	HSQB	1990
HCFA-679-A (SH)	DIETARY SERVICES SYSTEM WORKSHEET	HSQB	1990
HCFA-679-B (SH)	DIETARY SERVICES SYSTEM WORKSHEET, DINING AREA	HSQB	1990
HCFA-679-C (SH)	DIETARY SERVICES SYSTEM WORKSHEET, RESIDENT DINNING	HSQB	1990
HCFA-680 (SH)	CLOSED RECORDS DISCHARGE REVIEW WORKSHEET	HSQB	1990



HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-682 (SH)	RESIDENT ROSTER	HSQB	1990
HCFA-1066 (SH)	INTERMEDIARY CONTROL OF ADMINISTRATIVE FUNDS	BPO	1990
HCFA-1480-A (C5)	UB-82 FOR ALCOHOLISM SERVICES COVERAGE DEMO	OBA	1990
HCFA-1480-A (U5)	UB-82 ALCOHOLISM SERVICES COVERAGE DEMO	OBA	1990
HCFA-1480-B (BK)	ALCOHOLISM SERVICES DEMONSTRATION	ORD	1990
HCFA-1486 (U3)	CHRISTIAN SCIENCE PT/A ADMISSIONS & BILLING	BPO	1990
HCFA-1490-S (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	BPO	1990
HCFA-1490-S SP (SH)	PATIENTS REQUEST FOR MEDICARE PAYMENT	BPO	1989
HCFA-1491 (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491 (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491 (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1514 (U5)	HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	HSQB	1990
HCFA-1515 (U5)	HHA RQST TO ESTABLISH ELIGIBILITY	HSQB	1990

HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

PAGE - 87

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-1521 (SH)	PAY VOUCHER ON LETTER OF CREDIT	BPO	1990
HCFA-1522 (SH)	MONTHLY INTERMEDIARY FINANCIAL REPORT	BPO	1990
HCFA-1523 (SH)	ESTIMATE OF ADMINISTRATIVE COSTS & CREDITS	BPO	1990
HCFA-1524 (SH)	ESTIMATE OF ADMINISTRATIVE COSTS & CREDITS	BPO	1990
HCFA-1525 (SH)	NOTICE OF BUDGET APPROVAL	BPO	1990
HCFA-1527 (SH)	ADMINISTRATIVE BUDGET & COST REPORT	BPO	1990
HCFA-1537 (BK)	HOSPITAL SURVEY REPORT	HSQB	1989
HCFA-1561 (SH)	HEALTH INSURANCE BENEFIT AGREEMENT	HSQB	1990
HCFA-1563 (SH)	MONTHLY PT/A RPT ON MEDICARE SECONDARY PAYER SAVINGS	BPO	1990
HCFA-1564 (SH)	MONTHLY PT/B RPT ON MEDICARE SECONDARY PAYER SAVINGS	BPO	1990
HCFA-1565-A (SH)	MEDICARE PROGRAM QUARTERLY SUPPLEMENT REPORT	BPO	1990
HCFA-1565-C (SH)	QUARTERLY SUPPLEMENT TO CARRIER PERFORMANCE	BPO	1990
HCFA-1566 (SH)	INTERMEDIARY WORKLOAD REPORT	BPO	1990
HCFA-1566-A (SH)	QUARTERLY SUPPLEMENT TO INTERMEDIARY WORKLOAD	BPO	1990
HCFA-1572 (BK)	HHA SURVEY REPORT	HSQB	1990
HCFA-1606 (SH)	PAYMENT RECORD TRANSMITTAL	OBA	1990

HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-1727 (SH)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	BPD	1989
HCFA-1822 (SH)	QUARTERLY PROVIDER AUDIT ACTIVITY REPORT	BPO	1989
HCFA-1822-Y (SH)	ANNUAL SUPPL TO PROVIDER AUDIT ACTIVITY REPORT	BPO	1990
HCFA-1932 (SH)	REPORT OF UNCOLLECT PT/B OVERPAYMENT	BPO	1990
HCFA-1966 (SM)	HEALTH INSURANCE CARD	BPO	1990
HCFA-1966 (SM)	SELF-MAILER FOR REPLACEMENT OF HI CARD	BPO	1990
HCFA-1966 (CD)	HEALTH INSURANCE CARD	BPO	1989
HCFA-1966-PR (CD)	HEALTH INSURANCE CARD	BPO	1990
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	OBA	1989
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	OBA	1990
HCFA-2082-84 (BK)	STATISTICAL REPORT ON MEDICAL CARE	OACT	1990
HCFA-2382 (U2)	INTERMEDIARY TRANSMITTAL (OVERPAYMENT)	BPO	1990
HCFA-2552-85-A-7 (BK)	SUPPLEMENT TO HCFA-2552-85 BASIC	BPD	1990
HCFA-2552-85-F (BK)	BALANCE SHEET FOR COMPUTATION FOR RETURN	BPD	1990
HCFA-2552-85-H (BK)	HOSPITAL BASED HHA STATISTICAL DATA	BPD	1990
HCFA-2552-89-A-8-1 (BK)	HOSPITAL & HOSPITAL BASED COMPONENTS SUPPLEMENTAL FORMS	BPD	1990

HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

PAGE - 89

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-2552-89-BASIC (BK)	HOSPITAL AND HEALTH CARE COST REPORT	BPD	1990
HCFA-2552-89-F (BK)	HOSPITAL COST REPORT, RETURN ON EQUITY CAPITAL	BPD	1990
HCFA-2552-89-H (BK)	HOSPITAL BASED HHA COST REPORT	BPD	1990
HCFA-2746 (U3)	ESRD DEATH NOTIFICATION	BDMS	1990
HCFA-2786-A (BK)	FIRE SAFETY SURVEY REPORT 1967 CODE	HSQB	1990
HCFA-2786-B (BK)	FIRE SAFETY SURVEY REPORT 1973 CODE	HSQB	1990
HCFA-2786-C (BK)	FIRE SAFETY SURVEY REPORT (SHORT FORM)	HSQB	1990
HCFA-2786-D (BK)	FIRE/SMOKE ZONE EVALUATION WORKSHEET	HSQB	1990
HCFA-2817 (C2)	CLAIMS ADJUDICATION QUALITY REVIEW	BQC	1989
HCFA-2817 (U2)	CLAIMS ADJUDICATION QUALITY REVIEW	BQC	1989
HCFA-3070-B (BK)	ICF FOR MENTALLY RETARDED	HSQB	1990
HCFA-3083 (BK)	LAB PERSONNEL QUALIFICATION APPRAISAL	HSQB	1990
HCFA-3258 (SH)	SCHEDULE OF NET HOURS AVAILABLE	BPO	1990
HCFA-3427 (BK)	ESRD FACILITY SURVEY REPORT	HSQB	1990
HCFA-3427-A (BK)	ESRD FACILITY SURVEY REPORT ADDENDUM	HSQB	1990
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	HSQB	1990

HEALTH CARE FINANCING ADMINISTRATION  
CATALOG OF OBSOLETE FORMS

PAGE - 90

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETE
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	HSQB	1991
HA5011 (U6)	REQUEST FOR HEARING PT/A HI BENEFITS	BPO	1989
HA 5011-SP (U6)	REQUEST FOR HEARING - SPANISH	BPO	1990
HCFA-6029 (U6)	RECEIVING REPORT	OBA	1990









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